

National Pharmacy Board (NPB) meeting – 21 June 2023

NATIONAL PHARMACY BOARD OPEN AND CONFIDENTIAL BUSINESS AGENDA – 21 June 2023 at 09:30am

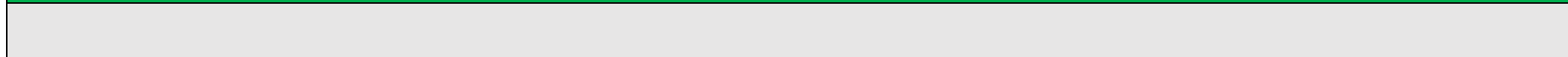
Please note: England, Scotland and Wales agendas can be found after the National Pharmacy Boards confidential agenda

Item (approx. start time)	Subject	Purpose	Related papers/slides	Objective	Item led by	Item Chaired
Open Business commences with RPS member observers at 9.30am						
1. (9.30am)	Welcome	For discussion	Verbal	To welcome members and observers to the meeting	SPB Chair	SPB Chair
2.	Apologies	For noting	Verbal	To note apologies received:- Michael Maguire (EPB)	SPB Chair	SPB Chair
3.	a. Declarations of Interest b. Board members functions and duties	For noting	23.06/EPB/SPB/W PB.03a 23.06/NPB/03b	To note declarations of interest (either standing interests or interests specific to this meeting) and to note Board members functions and duties	SPB Chair	SPB Chair

4	Minutes and matters arising	For decision	23.06/NPB/04	To approve minutes from the open business of NPB meeting on 8 February 2022 and to discuss the matters arising from these minutes	SPB Chair	SPB Chair
5 (9.40am)	Political engagement across the nations	For discussion	Verbal	To receive a presentation on Devolution	PA Leads	SPB Chair
6 (10.10am)	Professional Leadership	For discussion	Verbal	To receive an update the future of Professional Leadership	Paul Bennett (CEO) and Claire Anderson (President)	EPB Chair
7. (10.30am)	Membership	For noting	Verbal	To give an update on membership	Neville Carter, CEMO, Neal Patel, Associate Director, PMED	WPB Chair
8. (10.45am)	Papers for noting	For noting	23.06.NPB.08 (i),(ii), (iii), (iv), (v), (vi), (vii), (viii), (ix)	<ul style="list-style-type: none"> i. Science & Research update ii. Education update iii. Policy and consultations iv. Public Affairs v. Sustainability vi. Pharma-cogenomics 	SPB Chair	SPB Chair

				<ul style="list-style-type: none"> vii. Inclusion & Diversity viii. Workforce wellbeing ix. Marie Curie Daffodil Standards 		
9. (10.50)	Any other open business	For noting/discussion	Verbal	Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.	SPB Chair	SPB Chair
10.	Dates of next meeting	For noting		Dates of joint board meetings for 2023 20 September 9 November	SPB Chair	SPB Chair

Close of Open Business at 11 am (Comfort Break for 10 minutes) – RPS members will be asked to leave for the confidential session. They will be able to join the country specific sessions at 13.50pm (England, Wales & Scotland)



National Pharmacy Boards Confidential Business Session commences at 11.10am

1C (11.10am)	Welcome and apologies	For discussion	Verbal	To welcome members and observers to the meeting Apologies received from: Michael Maguire (EPB)	SPB Chair	SPB Chair
2C	Minutes and matters arising	For approval	23.06/NPB/02C	To approve minutes from the confidential business of NPB meeting on 8 February 2023 and to discuss matters arising from these minutes	SPB Chair	SPB Chair
3C (11.20am)	Membership	For noting and discussion	23/06/NPB/03C	To note and discuss the membership Report	Neville Carter, CEMO/Neal Patel	SPB Chair
4C (11.35am)	The future of Professional Leadership	For Discussion	Verbal	To receive a confidential update on the future of Professional Leadership	Paul Bennett, CEO/Claire Anderson, President	SPB Chair

5C (12.20pm)	Supervision (strengthening pharmacy governance)	For discussion	Verbal	To receive a confidential update on Supervision (strengthening pharmacy governance)	Alette Addison and Stephen Knight, Department of Health and Social Care	SPB Chair
6C (13.00pm)	Any other confidential business	For noting and discussion	Verbal	Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.	WPB Chair	SPB Chair
13.10pm – 13.50pm - Close of Joint Confidential Business and Lunch						
13.50pm Country Teams to go into breakout rooms for their individual country meetings for the remainder of the day- Individual country agendas to be discussed – RPS member observers can attend open business for the Country Boards						
England Agenda Open and Confidential Business						
EPB Open Business						
1 (13.50pm)	Welcome	For discussion	Verbal	To welcome members and observers to the meeting	EPB Chair	EPB Chair

2	Apologies	For noting	Verbal	To note apologies received	EPB Chair	EPB Chair
3	Declarations of Interest	For noting	23.06/EPB/03	To note declarations of interest (either standing interests or interests specific to this meeting)	EPB Chair	EPB Chair
4 (14.00pm)	Minutes and matters arising	For decision	23.06/EPB/04	To approve minutes from the open business of EPB meeting on 8 February 2023 and to discuss the matters arising from these minutes	EPB Chair	EPB Chair
5 (14.10pm)	Advanced Clinical Checks	For discussion	23.06/EPB/05	To discuss briefing paper on Advanced Clinical Checks	James Davies, Director for England and Heidi Wright, Policy Lead for England	EPB Chair
6 (14.30pm)	GB business plan and Vision for Pharmacy Professional Practice in England Update	For discussion	Vision Document	To give an update on the GB workplan, vision implementation to date and work on further priority areas of the vision	James Davies, Director for England	EPB Chair

7(15.10pm)	Access to records by community pharmacists in England	For noting	23.06/EPB/07	Briefing on access to records by community pharmacists in England	EPB Chair	EPB Chair
8 (15.10pm)	Any other open business	For noting/discussion	Verbal	Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.	EPB Chair	EPB Chair
15.20 pm Close of open business and a 5 minute comfort break – RPS member observers to leave the meeting						
EPB Confidential Business						
1C (15.30pm)	Confidential Minutes and matters arising	For decision	23.06/NPB/01C	To approve confidential minutes from the EPB meeting on 8 February 2023 and to discuss the matters arising from these minutes	EPB Chair	EPB Chair

2C (15.40pm)	Supervision (Strengthening Pharmacy Governance)	For discussion	Verbal	Board members to have discussion on DHSC presentation from the Joint National Board open session	EPB Chair	EPB Chair
3C (16.20pm)	Any other confidential business	For noting and discussion	Verbal	Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.	EPB Chair	EPB Chair
16.30pm Close of EPB Business						
SPB Agenda Open and Confidential Business (13:50)						
Open Business (RPS Members are invited to join this session)						
1. (13:50)	Welcome and apologies	For noting	Verbal	To welcome members and observers to the meeting	Andrew Carruthers, SPB Chair	Andrew Carruthers, SPB Chair

2.	Declarations of Interest	For noting	23.06/SPB/02	To note the declarations of interest	Andrew Carruthers, SPB Chair	Andrew Carruthers, SPB Chair
3.	Minutes and matters arising	For approval	23.06/SPB/03	To approve minutes from the open business of SPB meeting on 8 February and to discuss the matters arising from these minutes	Andrew Carruthers, SPB Chair	Andrew Carruthers, SPB Chair
4. (14:00)	PA work plan	For discussion	Verbal	To discuss any specific areas of focus from a Scotland perspective	Ross Barrow, Head of External Relations – Scotland	Andrew Carruthers, SPB Chair

6. (14:30)	Any other Business	For noting/discussion	Verbal	Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.	Andrew Carruthers, SPB Chair	Andrew Carruthers, SPB Chair
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Close of open business and comfort break (14:40) - RPS member observers to leave the meeting

Confidential Business

1. (14:50)	Minutes and matters arising	For approval	23.06/SPBC/01	To approve minutes from the confidential business of SPB meeting on 8 February and to discuss the matters arising from these minutes	Andrew Carruthers, SPB Chair	Andrew Carruthers, SPB Chair
1. (15:00)	Independent Prescribing	For discussion	23.06/SPBC/02 Paper to follow	SPB to discuss questions formulated by Policy Leads	Laura Wilson, Director for Scotland	SPB Chair

2. (15:20)	Supervision (Strengthening Pharmacy Governance)	For discussion	Verbal	Board members to have discussion on DHSC presentation from the Joint National Board open session	Laura Wilson, Director for Scotland	SPB Chair
3. (15:50)		Any other open business	For noting/discussion	Verbal	Pharmacy Board members should inform their respective Chair, Country Director or Business Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.	SPB Chair
Close of SPB business (16:00)						
WPB Agenda Open and Confidential Business						
1.13.50	Welcome and apologies	For noting	Verbal	To welcome members and observers to the meeting	Chair WPB	Chair WPB

2.	Declarations of Interest	For noting	23.06/WPB/01	To note the declarations of interest	Chair WPB	Chair WPB
4. 14.00	Minutes and matters arising	For approval	23.06/WPB/02	To approve minutes from the open business of WPB meeting on 29 September 2022 and to discuss the matters arising from these minutes	Chair WPB	Chair WPB
5. 14.10	Directors Report	For Noting	Verbal	To update the WPB in Q2	Elen Jones	Chair WPB
5. 14.30	RPS Business Plan 2023 – Welsh Discussion and vision update	For discussion	Verbal	WPB to discuss the progress to date	Elen Jones Director for Wales	Chair WPB
6. 14.45	RPS Ambassadors role with and interaction with board	Discussion	For noting – Verbal	To discuss on how the WPB can support the the Regional Ambassadors.	Elen Jones Director for Wales	Chair WPB
6. 15.00	Pharmacy Delivering a Healthier Wales Conference	Discussion	For noting	To update the board on the Pharmacy Delivering a		

				Healthier Wales conference		
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**15.00 close of Welsh Open Business
Members to leave the session**

WPB Confidential Business

1C (15.10)	Confidential Minutes and matters arising	For decision	23.06/WPB/01C	To approve confidential minutes from the WPB meeting on 8 February 2023 and to discuss the matters arising from these minutes	WPB Chair	WPB Chair
2C (15.15)	Supervision (Strengthening Pharmacy Governance)	For discussion	Verbal	Board members to have discussion on DHSC presentation from the Joint National Board open session	Elen Jones Director Wales	WPB Chair
3C (16.00)	Independent Prescribing	For discussion and decision	23.06/WPB/03C Paper to follow	WPB to discuss questions formulated by Policy Leads	Alwyn Fortune Policy and Engagement Lead Wales	WPB Chair
3D (16.30)	Any other confidential business	For noting and discussion	Verbal	Pharmacy Board members should inform their respective Chair, Country Director or Business	WPB Chair	WPB Chair

				Manager in writing at least 48 hours before the meeting of any matter that is to be raised under Any other Business.		
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English Pharmacy Board – 21 June 2023

Declaration of Interests

Adebayo Adegbite

- Self-employed Locum Pharmacist Director of Amados Limited.
- Locum Pharmacist -various pharmacies including Pharma Alert 24/Integrated Care 24
- PDA Union South East Regional Committee Locum Representative
- Wife - Locum Pharmacist Director -Fabb Solutions Limited
- Member of UK Black Pharmacists Association
- Member of The Pharmacist Co-Operative
- Member of the Primary Care Pharmacy Association
- Volunteer Fifth Sense charity
- NPUK member
- FIP member

Claire Anderson

- Professor of Social Pharmacy, School of Pharmacy, University of Nottingham
- Trustee Commonwealth Pharmacy Association

Danny Bartlett

- Lead Pharmacist, Horsham Central PCN (Alliance for better care federation)
- Senior Lecturer Medicines Use, University of Brighton
- Coach for Sussex Training Hub
- Member PCPA
- HEE Interprofessional and Education Fellow
- Contributor Pharmaceutical Journal
- Contributor Chemist & Druggist
- Clinical contributor Clinical Pharmacist Solutions
- Adhoc guest clinical speaker CPPE, Bayer, HEE (GP training)
- Member PDA
- Adhoc consultancy and clinical services

Emma Boxer

- Employed full time as senior lecturer in clinical pharmacy practice at the university of Sunderland

OPEN and CONFIDENTIAL BUSINESS

- Rheumatology pharmacist, Sunderland Royal hospital (one day per week - not paid by the hospital for this - on an honorary contract)

Sharon “Sibby” Buckle

- Advanced Pharmacist Practitioner, Boots UK
- Boots Pharmacists Association, Executive Board member
- Senior Director, Cairn Place Ltd
- Member of Women2Win
- East Midlands clinical senate assembly member
- Nottinghamshire ICS partnership forum member
- Ad hoc consultancy
- Contribute to media articles in pharmacy/ medical/ health press
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- Both daughters, Junior Doctors
- Mother, retired Midwife and health visitor
- Brother, Consultant surgeon
- Brother, Dental surgeon

Ciara Marie Duffy

- Quality Manager/Qualified Person at Novartis
- Directorship - Duffy Quality Pharma Consulting
- Sister – National Lead Pharmacist Interface
- Sister – HSE Pharmacist
- Brother in law – Regulatory Pharmacist Uniphar

Thorrun Govind

- Healthcare Advisory Solicitor- Hempsons
- Locum Pharmacist-various pharmacies
- Pharmthorrun Ltd
- Pharmacist – Boots
- ProperG Ltd
- PDA indemnity
- Brother- Superintendent Pharmacist
- Father- Pharmacy Director
- Contribute to media articles in the press
- Consultancy work with companies eg Haleon
- Commonwealth Pharmacy Association- Representative for RPharms
- Member of the Law Society
- Adviser at iEthico

Brendon Jiang

OPEN and CONFIDENTIAL BUSINESS

- Senior Clinical Pharmacist, NORA PCN
- Primary Care Network Clinical Lead Pharmacist for Oxfordshire, OCCG/BOB ICS
- Medicines and Prescribing Associate, NICE
- Committee member of the Primary Care Pharmacy Association
- Member of the Guild of Healthcare Pharmacists
- Superintendent pharmacist of Wychwood Pharmacy.
- Consultancy on pharmacy development– Oxfordshire Training Hub.
- Member Unite Union
- Consultancy work for Haleon

Alisdair Jones

- Channel Health Alliance (Employer),
- member of national executive as Treasurer to the PDA Union.
- PDA Union (Honoraria)

Sarwat (Sorbi) Khattak

- Sister - Doctor - Obstetrics and gynecology SpR, PhD
- Sister - Doctor - Cardiology SpR
- Brother in Law - Anesthetics SpR
- Brother in Law - GP & Sports Medicine SpR
- Ambassador - Business & Dreams UK/Sweden
- Hourly-paid teaching fellow - University of Portsmouth
- Early careers group advisor - University College London
- Skincare scientists - co-founder (blog and non-profit consultancy)
- Limited company locum/aesthetic pharmacist director - Sorbi London Ltd
- BySorbiClinic - aesthetic pharmacist clinic (future business under Sorbi London Ltd)
- NovaTalent - Member
- Ad-hoc consultancy
- Mentor - Girls' Day School Trust (GDST)
- Personal Blog(s) - ad-hoc (partnerships and non-profit)

Michael Maguire

- Local Professional Network Chair, North Cumbria and the North East, NHS E/I
- Chair, National Forum of Local Professional Network Chairs, NHS E/I
- UK Head of Practitioners, Lifestyle Architecture
- Director, The Practical Leadership Training Company Ltd

OPEN and CONFIDENTIAL BUSINESS

- Director, CPCS Support Ltd
- Chairs various healthcare meetings (sometimes remunerated by Pharma companies)"
- various ad-hoc consultancy'

Ewan Maule

- Member of the Guild of Healthcare Pharmacists
- North East and North Cumbria NHS Integrated Care Board

Erutase Oputu

- Barts Health NHS Trust
- Member of UK Black Pharmacists Association
- Member of UK Clinical Pharmacists Association
- Member of the Guild of Healthcare Pharmacists
- Pharmacy Research UK Trustee
- Knockholt Mansions Residents' Trustee
- Member of Inclusive Pharmacy Practice Advisory Board, NHS England
- Brother works at Astra Zeneca PLC

Paul Summerfield

- Self Employed Locum Pharmacist, Sole Trader
- Visiting Lecturer, Self Employed, University of Reading
- Director, Pharmaceutical Defence Ltd, sole share holder
- Partner, Schedule Four Consultancy LLP
- Paid Member, The Pharmacist Cooperative
- Member, Industry Advisory Panel, The Pharmacy Innovation Lab

Scottish Pharmacy Board

Updated June 2023

Declaration of Interests

W Iain Bishop

- Member, RPS Scottish Pharmacy Board
- Scottish Public Pensions Agency – NHS Pension
- Fellow, UK Faculty of Clinical Informatics
- Managing Director: 2Bishops Consulting Ltd
- Regulatory Compliance Manager, MyWay Digital Health Ltd

Tamara Cairney

- Pharmacist in NHS Greater Glasgow and Clyde, Renfrewshire Health and Social Care Partnership
- Husband is a civil servant working for the Scottish Government
- Member, RPS Scottish Pharmacy Board
- Sister is a staff nurse in NHS Greater Glasgow and Clyde, Royal Hospital for Children, Glasgow

Andrew Carruthers

- Clinical Quality Lead – Scottish Ambulance Service
- Chair, RPS Scottish Pharmacy Board (2021-)
- Self-employed, community locum pharmacist
- Chair, RPS Community Pharmacy Consultation Service

Omolola (Lola) Dabiri

- UKBPA Lead for Scotland & Northern Ireland - 2019 till date
- RPS Grampian Local Coordinator – 2018
- Co trainer NHS24 - IP training Boot camp, NES- 2018
- Toast Master International - VP Education 2016-2017
- Member, British Lifestyle Medicine Association - 2019 - till date
- Speaker, Encapsulate Solution – delivering Health Information to the community
- Speaker, various forums –including C&D, GPHC, RPS re Equality, Inclusion & Diversity
- Superintendent Pharmacist & Director, Alpha Pharmacy & Clinic (A private pharmacy)
- Lead Pharmacist, GMEDs
- Locum Pharmacist

Lucy Dixon

- Member, RPS Scottish Pharmacy Board
- Pharmacist employee, NHS Highland
- Co-contractor (with husband), Dornoch Pharmacy Ltd
- Co-contractor (with husband), Mitchells Chemist Ltd
- Share-holder, Dornoch Pharmacy Ltd
- Share-holder, Mitchells Chemist Ltd
- Secondment to Effective Prescribing and Therapeutics Division of Scottish Government

Kelsey Drummond

- Honorary Life Member, British Pharmaceutical Students' Association (BPSA)
- Member, RPS Scottish Pharmacy Board
- Member, NES Learner Reference Group
- Bryony Drummond (sister), Senior Practice Pharmacist, NHS Fife
- Rotational Pharmacist, NHS Fife

Josh Miller

- Pharmacist, NHS Greater Glasgow & Clyde and NHS NES
- Member, NHS GGC Area Pharmaceutical Committee
- Member, NHS GGC Pharmacy Contractors' Committee
- Member, RPS Scottish Pharmacy Board

Richard Shearer

- Lead Pharmacist, Advanced Clinical Services, NHS Lanarkshire
- Professional Secretary and member, SP3A Practice Pharmacy Sub-group
- Member, NHS Lanarkshire Area Pharmaceutical Committee
- Member, RPS Scottish Pharmacy Board

Catriona Sinclair

- Member, RPS Scottish Pharmacy Board
- Member, Community Pharmacy Scotland Board (since May 2013)
- Vice Chair, NHS Highland Area Clinical Forum (since 2018)
- Chair, NHS Highland Area Pharmaceutical Committee (since 2015)
- Chair, Community Pharmacy Highland (since 2012)
- Lead negotiator, committee local pharmaceutical services with NHS Highland
- Royal Pharmaceutical Society, LPF lead for Highlands and Western Isles (2010-2014)

Jacqueline Sneddon

- Member, RPS Scottish Pharmacy Board
- Programmes Manager, British Society for Antimicrobial Chemotherapy
- RPS - Chair of Antimicrobial Expert Advisory Group (AmEAG) and member of Science and Research Committee (formerly Science and Research Board)
- 2018 to 2021, member of RPS AmEAG 2016-2018
- UKCPA - Chair of UKCPA Pharmacy Infection Network 2015-2018, committee member of UKCPA Pharmacy Infection Network (Standards lead) 2013-2015.

- Assessor for RPS Consultant Pharmacist Credentialling Committees 2022 to date.
- Expert adviser for research projects on antimicrobial use with several universities (Strathclyde, Dundee, GCU, Manchester, York)

Jill Swan

- Member, RPS Scottish Pharmacy Board
- Member, Faculty of the Royal Pharmaceutical Society (Advanced Stage II)
- Member, UKCPA
- Professional Secretary to Directors of Pharmacy (Strategic Framework Development)
- Director, Spa Pharmacare Ltd
- Director, CPS Service Ltd
- Director, Community Pharmacy Scotland

Audrey Thompson

- Member, RPS Scottish Pharmacy Board
- Member NHSGGC Area Pharmaceutical Committee 2015-2021; chair 2015-2019, vice chair 2019-2021
- Member NHSGGC Area Clinical Forum Committee 2015-2021; chair 2017-2021
- Member NHSGGC Area Drugs and Therapeutics Committee 2004 - present; Chair Communications subcommittee 2004 – 2016
- Member Scottish Practice Pharmacist and Prescribing Advisers' Leadership group 2015 - present
- Manager Glasgow 2014 Commonwealth Games Athlete Village Pharmacy

Updated: 21 June 2023

June 2023

Welsh Pharmacy Board - Declarations of Interest

Cheryl Way

- Digital Health and Care Wales
- Hayes Point RTM Company Ltd
- Guild of Healthcare Pharmacists
- International Pharmaceutical Federation
- UK Faculty of Clinical Informatics
- Chair of Welsh Pharmacy Board

Richard Evans

- Self Employed Pharmacist
- Director of Llandysul and Pont Tyweli Ymlaen Cyf
- Member of Pharmacist Defence Association (PDA)
- Occasional Media work
- Member of PDA Union
- Member of PDA Union Executive Group

Dylan Jones

- Director of Howe Pharmacy
- Pharmacy Manager DL and CV Jones (Agricultural business).
- Vice Chair of Governors Ysgol Trebomen.
- Governor at Ysgol Calon Cymru
- Independent CPW representative for Powys AWPAG.
- Deputy Member AWMSG.

- Member of Wales Board RPS.

Eleri Schiavone

- Welsh Health Specialised Services Committee - NHS Wales hosted by CTMUHB

- Executive Board Member: Pharmacy Delivering a Healthier Wales
- Board Member: All Wales Medicines Strategy Group
- Member of All Wales Medicines Strategy Group Steering Committee
- Member of the Welsh Pharmacy Board

Geraldine McCaffrey

- Principal Pharmacist Betsi Cadwaladr University Health Board

- Member Pharmacy Delivering a Healthier Wales

- Member - UKCPA.

Member, National Pharmacogenomics Group Wales

- Member – Unite the Union/Guild of Healthcare

- Pharmacists.

- Vice Chair – Pharmacy Research Wales

. Vice Chair – Welsh Pharmacy Board

Helen Davies

- Pharmacist Team Leader for Education, Training and Workforce Development in Primary Care. Cwm Taf Morgannwg University Health Board from March 2018.

- From March 2018 to February 2021 - HEIW teaching sessions (cardiology)

- Sessions from 2011 onwards

- Member of UKCPA

- Member of PCPA

- Cwm Taf Morgannwg UHB representative for AWPAG

Gareth Hughes

- GRH Pharma Ltd

- Director of GRH Pharma Ltd (t/a Tynewydd Pharmacy)

- Board Member of Community Pharmacy Wales

- Member of Welsh Pharmaceutical Committee

- Member of the Faculty of Clinical Informatics
- Community Pharmacy Cluster Lead for Rhondda
- Member of Community Pharmacy Microsoft Office 365 Project Board
- Member of the Pharmacists' Defence Association

Rhian Lloyd – Evans

- . Medication Safety Officer – Aneurin Bevan University Health Board
- . Members of All Wales Medication Safety Network
- . United Kingdom Clinical Pharmacy Association (UKCPA)

Lowri Puw

Fferyllwyr Llyn Cyf.

Liz Hallett

.ABHU

. PDA Union Member

. PCPA Member

Rafia Jamil

Prince Charles Hospital (CTM): lead Pharmacist Education and Training

Panel Member - Supported Lodging for Young people (Powys County Council)

Locum Pharmacist

Jodie Gwenter.

Swansea Bay University Health Board

National Pharmacy Board meeting – 21 June 2023

Title of item	Powers, Duties and Functions of the National Pharmacy Boards
Open, confidential or restricted item	Open
Author of paper Position in organisation Telephone E-mail	Yvonne Dennington Business Manager, England 0207 572 2208 Yvonne.dennington@rpharms.com
Item to be led at the meeting by	Chairs
Purpose of item (for decision or noting)	For noting
Headline summary of paper	Powers, Duties and Functions of the National Pharmacy Boards as taken from the RPS Regulations

Please note below the Powers, functions and duties of the Boards as taken from the RPS Regulations.

7.2 Powers and functions of the Boards

Subject to the Charter, any directions of the Assembly, and the provisions of any enactment, the Boards shall, within the relevant country, have the functions of:

- informing the Assembly on likely developments affecting pharmacy for the purpose of developing the Society's strategy
- providing strategic leadership, advocacy and support for pharmacy practice development
- leading the implementation of the Society's strategy by developing and implementing associated policies in the individual countries
- promoting the science and practice of pharmacy and its contribution to health
- providing professional advice to government and its agencies, NHS bodies, and other health and social care organisations
- guiding and supporting the Society's local organisations in the individual countries
- supporting pharmacists in their professional roles
- maintaining an overview of current and possible future developments impacting upon the science and practice of pharmacy in the individual countries
- setting policy and objectives for the individual countries within the overall strategy and ask the National Director to implement them
- agreeing policy positions, commissioning work as appropriate
- agreeing objectives for programmes of professional support of pharmacy to be delivered at a national level and at GB level on behalf of other National Boards
- overseeing the local engagement mechanisms within the relevant country
- may also itself establish limited lifetime working groups within existing budgets as required to deal with specific issues

Policy making at the national level is the responsibility of the individual National Pharmacy Boards who shall be accountable to the Assembly. No Board policy should be contrary to any overarching GB-wide policy. The Boards lead the agenda for the profession at a national level and are able to focus on the issues that matter to members in each of the countries. The Boards have responsibility for interpreting and developing policy and for overseeing the delivery of members services locally.

The Boards shall have no formal role in the operational matters of the Society, which are the remit of the Executive team.

The Boards shall be supported by the administrative services of the Society and shall have no power to incur expenditure, employ staff or enter into contracts.

7.4 National Pharmacy Board Members

7.4.1 Duties

Members elected to the National Pharmacy Boards are expected to provide advocacy, support and strategic leadership for pharmacy practice development, to promote the science and practice of pharmacy and its contribution to health and support pharmacists in their professional roles.

For the avoidance of any doubt, National Board members are not an employee or worker of the Society or any of its Group Companies or joint venture companies.

Duties include but are not limited to:

- representing the views of the Board to other bodies within the Society and in external forums
- attending regional meetings as and when required and be active in local and other professional networks
- marketing the Society to members and to potential new members
- participating in virtual communications
- providing professional advice to government and its agencies, NHS bodies and other health and social care organisations
- providing regular reports on meetings attended on behalf of the Board
- monitoring delivery of strategy
- acting as ambassadors and representatives of the profession
- providing a loud, motivating direction for the profession
- keeping cognisant of the financial aspects of the Board

NATIONAL PHARMACY BOARDS' MEETING

Minutes of the open business meeting held on **Wednesday 8 February 2023**. The meetings were held by Zoom.

Present:

English Pharmacy Board (EPB)

Thorrund Govind (TG) Chair, Martin Astbury (MA) Vice Chair, Adebayo Adegbite (AA), Claire Anderson (CA), Emma Boxer (EM), Sharon (Sibby) Buckle (SB), Ciara Duffy (CD), Mary Evans (ME), Brendon Jiang (BJ), Alisdair Jones (AJ), Michael Maguire (MM), Erutase (Tase) Oputu (EO) and Paul Summerfield (PS)

Scottish Pharmacy Board (SPB)

Andrew Carruthers (AC) Chair, Catriona Sinclair (CS) Vice Chair, Tamara Cairney (TC), Omolola (Lola) Dabiri (OD), Lucy Dixon (LD), Kelsey Drummond (KS), Richard Shearer (RS), Jacqueline Sneddon (JS), Jill Swan (JS) and Audrey Thompson (AT).

Welsh Pharmacy Board (WPB)

Cheryl Way (ChW) Chair, Geraldine Mccaffrey (GM) Vice Chair, Richard Evans (RE), Gareth Hughes (GH), Liz Hallett (LH), Rhian Lloyd-Evans (RE), Dylan Jones (DJ), Lowri Puw (LP), and Rafia Jamil (RJ).

Observers:

There were 9 RPS Member observers

RPS Staff

Paul Bennett (PB) Chief Executive, Jenny Allen (JA) CPhO Clinical Fellow, England, Ross Barrow (RB) Head of External Affairs, Scotland, Rachael Black (RB) Pharmacy Engagement Manager, Corrine Burns (CB) PJ Correspondent, James Davies (JD), Director for England, Yvonne Dennington (YD) Business Manager, England, Amandeep Doll (AD) Head of Professional Belonging, Iwan Hughes (IH) Public Affairs and Policy Executive, Wales. Elen Jones (EJ) Director for Wales, Alwyn Fortune (AF) Policy and

Engagement Lead, Wales, John Lunny (JL) Public Affairs Lead, England, Carolyn Rattray (CR) Business Manager, Scotland, Wing Tang (WT) Head of Support, Cath Ward (CW) Business Manager, Wales and Laura Wilson (LW), Director for Scotland.

Apologies

Iain Bishop (SPB)
 Helen Davies (WPB)
 Ewan Maule (EPB)
 Josh Miller (SPB)
 Jodie Gwenter (WPB)
 Eleri Schiavone (WPB)

23/02/NPB.01.	<p>Welcome and address from the CEO/President Chair: Thorrun Govind (TG) Chair, English Pharmacy Board (EPB), Led by: TG, Chair EPB.</p> <p>TG welcomed Board members (BMs), invited guests, observers and staff and outlined the structure for the day's meetings.</p>	
23/02/NPB.02.	<p>Apologies Iain Bishop (SPB) Helen Davies (WPB) Ewan Maule (EPB) Josh Miller (SPB) Jodie Gwenter (WPB) Eleri Schiavone (WPB)</p> <p>EJ noted changes to the WPB since the previous NPB meeting, held on 29 September 2022:</p> <ul style="list-style-type: none"> • Ellie Thomas (ET) has resigned from WPB. EJ thanked ET for her service to the WPB and RPS • Rafia Jamil (RJ) has been co-opted onto the WPB • Eleri Schiavone (ES) is on maternity leave 	

	<ul style="list-style-type: none"> Jodie Gwenter (JG) has been co-opted on to the WPB as maternity cover for ES, this is in addition to ES being able to join if time permits. 	
23/02/NPB.03(a)	<p>Declarations (decs) of interest. (Papers 23.02/EPB/03a, 23/02/SPB/03a & 23/02/WPB/03a). Chair: Chair, EPB Led by: Chair, EPB</p> <ul style="list-style-type: none"> Catriona Sinclair (CS) - update to reflect Dec of interest provided (8 February 2023) Jill Swan (JS) – remove ‘Brush Bus Ltd, Director’ Cheryl Way (Ch Way) - - update to reflect employer details Gareth Jones (GH) - update to reflect new details <p>Action: CR to amend declarations of interests for CS and JS. Action: CW to amend declarations of interests for C Way and GH.</p>	CR CW
23/02/NPB.03(b).	<p>Powers, Duties and Functions of the National Pharmacy Boards (Paper: 23.02/NPB/03b) Chair: Chair, EPB Led by: Chair, EPB</p> <p>The National Pharmacy Boards</p> <p>noted</p> <p>the Powers, Duties and Functions of the National Pharmacy Boards (Paper: 23.02/NPB/03b).</p>	
23/02/NPB.04.	<p>Minutes of the NPB Open Business meeting held on 29 September 2022 and matters arising (Paper: 23.02/NPB/04). Chair: Chair, EPB Led by: Chair, EPB</p> <p>The National Pharmacy Boards</p> <p>accepted as a true and accurate record</p> <p>the minutes of the formal National Pharmacy Board meeting held on 29 September 2022.</p>	

	<p>approved by: Brendon Jiang (BJ), EPB and seconded by: Audrey Thompson (AT), SPB.</p> <p>There were no matters arising from the minutes.</p>	
<p>23/02/NPB.05.</p>	<p>Standing Orders re classification of open/closed business items for meetings (Paper: 23.02/NPB/05) Chair: Chair, EPB, Led by: Paul Bennett (PB), CEO</p> <p>PB introduced this item, providing context of the change, which came about following an independent review carried out by Luther Pendragon in 2022 at the behest of RPS Assembly. The RPS Assembly approved the amendments to Standing Orders re classification of open/closed/restricted business items for meetings. Support for the RPS Assembly's decision is sought from the National Pharmacy Boards.</p> <p>The National Pharmacy Boards</p> <p>supported</p> <p>the decision of the RPS Assembly to approve the amendments to National Pharmacy Boards Standing Orders re classification of open/closed business items for meetings.</p>	
<p>23/02/NPB.06.</p>	<p>Professional Leadership (Verbal update) Chair: Chair, EPB, Led by: PB (CEO) and Claire Anderson (CA), (RPS President)</p> <p>PB provided an update on the UK commission into the future of pharmacy professional leadership. The review was started in May 2022, at the behest of the four UK Chief Pharmaceutical Officers and its report was published on Monday (6 February 2023). PB spoke about the RPS response to the report and the work that now needs to take place.</p> <p>RPS recognises that significant challenges lie ahead and is fully prepared to embrace those challenges, working collaboratively with the other professional leadership bodies (PLBs) and the specialist pharmacy groups that the report recognises. The report makes some significant observations and recommendations. RPS will consider the report and recommendations very</p>	

carefully before reporting to the Commission. RPS released a statement as an initial response to the report: <https://www.rpharms.com/about-us/news/details/our-initial-response-to-the-commission-on-pharmacy-professional-leadership>. The priority now is to listen to the membership and to other pharmacy organisations and understand everyone's views; the process has started already. There is an email address for members: support@rpharms.com or members can contact the Support Team directly. A survey seeking views from the RPS membership is also being considered.

RPS Assembly is to hold an extraordinary meeting on 20 February specifically to consider and assess feedback received and the recommendations in the report.

RPS is in open and constant dialogue with other PLBs and with SPGs; intention to meet soon with colleague PLBs to understand their positions. This agenda item was then opened up to Board members for comments and questions.

- There was concern that the report was exclusive rather than inclusive; that any council would need to embrace all of pharmacy representative bodies
- The timescale for the recommendations is over a 3-5 year period. It was felt that it should be much quicker
- Concern that CA was a member of the commission as an independent member but was quoted as RPS President
- Opportunity as well as a challenge. It is essential to embrace other pharmacy organisations 'to truly be the voice of the pharmacy profession'.
- The report recognises the role of engagement, locally, nationally and internationally. Will the RPS regional ambassadors have a role to play?
- How will the new structure be funded?

In conclusion, it was felt that the report raises very many questions and so Board members are asked to encourage their networks to engage with RPS via email and the survey.

Action: Board members to encourage their networks to engage with RPS via email and the survey so that RPS can engage with as many members and non-member pharmacist as possible.

BMs

23/02/NPB.07.	<p>GB business plan for 2023 for the 3 country boards (Papers: 23.02/NPB/07) Chair: Chair, EPB Led by: Country Directors (CDs)</p> <p>EJ introduced the GB Business Plan for 2023 – it is a plan on a page and provided a brief overview and update of the following three core themes:</p> <p>Advancing Professional Picture Country visions – Visions have been successfully launched in all three countries. The next steps will be to make all those visions a reality, ensuring that there is alignment with all three countries. Independent Prescribing (IP) – Country teams continue to have focus on IP with the RPS guidance on expanding scope of practice, adding to the tools and support provided by RPS. Pharmacogenomics - Sophie Harding is remaining with RPS for Q1 2023 to ensure the breadth of experience is retained. A high-level statement in collaboration with other groups is being developed. A series of webinars has also been very successful.</p> <p>Professional Belonging Health Inequalities - RPS conference keynote speaker Michael Marmot focussed on health inequalities and his presentation was very well received. Sustainability –RPS climate change charter, and RPS is very active through the UK Health Alliance, and we are taking part in events to support the agenda e.g President cycling around London, Green impact tools etc. Strengthening Pharmacy Governance – sessions have been held with members and boards Professional belonging – The RPS workforce wellbeing survey revealed the same issues as the previous year. I &D is being driven forward. Expert Advisory Boards – Board members of the three countries have stepped forward to give further support to the EAGs and this will be implemented for Q2 2023.</p> <p>Professional Engagement Cross sector working is happening in all countries and the political work and member engagement agenda is moving forward.</p>	
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Updates were provided by Scotland, England and Wales on Independent Prescribing (IP) and Vision work as follows: -

Independent Prescribing

Scotland – NHS Pharmacy First Plus is ongoing and looking to expand this, and a teach and treat pharmacy has been set up where the support of experienced pharmacist is available.

A number of projects are set to get DPP.

Wales – IP is key thread for the vision. And Welsh Government has provided additional funding to support the existing workforce in undertaking IP. The vision is that every pharmacy in Wales will have an IP by 2030. Expanding Clinical role fully aligned to vision and there are now 137 IPs in community pharmacy. RPS is undertaking a review of clinical hospital services in Wales on behalf of the Welsh Government and has a key focus on IP in hospital.

England - Expressions of interest for community pathfinder have commenced. A framework for Community Pharmacy around minor ailments scheme is being developed. Meetings are regularly held with BMA and other allied health care professions.

Vision

Scotland - The vision was published a year ago. Best practice event has been held and webinars held across the year highlight the vision. Scotland have met with specific MSPs to raise the agenda and have also launched Health Inequalities position statement.

England - A session on the three key areas is to be discussed in detail at the England open business session later in the day. There will be a group established- vision oversight group to drive the vision forward.

Wales – We have refreshed the set of 2025 goals and set the stepping stones, which was created through extensive engagement. The launch event was attended by the Health Minister. The website has been updated and rebranded. Responsibility for the Delivery Board has transferred to RPS from Welsh Government.

The NPB were content with the direction of travel with the workplans. Concern was raised that there should be a consistent approach with IP, noting that nuances are different in each country

The NPB **agreed** that the key priorities discussed as aboard in the November country working

	<p>sessions reflect the GB workplan for 2023 and were content to sign this off.</p>	
23/02/NPB.08.	<p>Medicines Shortages (Paper: 23.02/NPB/08) Chair: Chair, EPB Led by: CDs</p> <p>The NPB noted that Medicine shortages continues to be a concern and the board recognise the pressure on members.</p>	
23/02/NPB.09.	<p>Membership Chair: Chair, EPB Led by: Neville Carter (NC), CEMO, Neal Patel (NP), Associate Director, PMED</p> <p>NC introduced himself to the meeting.</p> <p>NP provided a brief update on three items as follows: -</p> <p>Renewals are on track for numbers and are progressing performance well</p> <p>Salesforce - the process of moving data has commenced and everything is looking very accurate</p> <p>New products on the horizon, transforming MEP into a digital version</p>	
23.02/NPB.10.	<p>Papers for noting (Papers: 23.02/NPB/10 (i) to (ix)) Chair: Chair, EPB Led by: Chair, EPB</p> <p>The following papers were noted by all board members:</p> <ul style="list-style-type: none"> i. Science & Research update ii. Independent prescribing iii. Education update iv. Policy and consultations v. Public Affairs vi. Sustainability 	

	vii. Pharmacogenomics viii. Inclusion & Diversity ix. Workforce wellbeing	
23.02.NPB/11.	Any other Open business Chair: Chair, EPB, Led by: Chair, EPB There was no other open business	
22.02.NPB.12	Dates of joint board meetings for 2023 Chair: Chair, EPB, Led by: Chair, EPB 20 June – face to face meeting induction and working day for England and Wales only 21 June – face to face meeting 20 September – zoom meeting 9 November – face to face in London	

The meeting closed at: 10.55am

Action list:

Item No	Action	By Whom	By when/open/closed/comments
23.02.NPB.0 3A	Action: CR to amend JS's dec of interests to reflect that: <ul style="list-style-type: none"> • no longer a Director of the Brush Bus Ltd and Action: CR to amend JS's dec of interests to reflect to add: <ul style="list-style-type: none"> • Spa Pharmacare Ltd, Director, • Director, CPS Service Ltd 	CR	Open - March

	To amend: <ul style="list-style-type: none">• Member, Community Pharmacy Scotland to Director, Community Pharmacy Scotland.		
23.02.NPB.0 3A	Action: CW to amend Decs of Interest for GJ to reflect current role and C Way to reflect missing current role.	CW	Open – March

UNAPPROVED

National Pharmacy Board meeting – 21 June 2023

Title of item	Science and Research update to National Pharmacy Boards
Author of paper	Professor Parastou Donyai
Position in organisation	Chief Scientist
Telephone	020 7572 2275
E-mail	Parastou.Donyai@rpharms.com
Headline summary of paper	Summary of Science & Research Team activities
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	NA
Resource implications	NA

National Pharmacy Board meeting – 21 June 2023

**SCIENCE AND RESEARCH UPDATE TO NATIONAL PHARMACY
BOARDS**

1. Background

The purpose of the Science and Research programme is to:

- increase the profile of science and research in pharmacy
- develop and build research capacity and capability in pharmacy
- support the workforce with governance, regulation and ethical aspects of the profession
- drive innovation and build the evidence base

This paper outlines Science and Research activities undertaken from January 2023 to present.

2. Summary of activity

2.1. Recognition

- **Harrison and Hanbury Awards** – Timeline for 2024 Harrison award updated. Completed review of Harrison award eligibility criteria and nomination process and set up review panel. First planning meeting took place on 30 March. Nominations now open. New [RPS awards webpage](#) developed in collaboration with communications team.
- **Outstanding Pharmacy Early-Career Research Awards' (OPERA)** – Launched on 30 November 2022 in collaboration with the Pharmaceutical Journal. The deadline was extended to 14 February. Supported the setup of the nomination panel and development of judging criteria. Nominations, currently, under review.

2.2. Research Support Services

The team provides planned and *ad hoc* support to other RPS teams and workstreams, along with external research support.

- **Community Pharmacy Consultation Service** – We continued supporting the evaluation of HEE commissioned NHS CPCS Courses, including the evaluation of learners' feedback. Developed final contract delivery report, including data from all courses delivered between 2022 and 2023.
- **Inclusion and Diversity** – Developed I&D evaluation plan, objectives, and timeline. The [2023 I&D survey](#), a follow up to the 2019 I&D survey, was developed and launched on 23 May. The survey is open for 4 weeks. Also, developed "Sense of Belonging" literature review search strategy.
- **Independent Commission on the future of pharmacy leadership intelligence gathering** – Set up process to gather relevant intelligence. Completed weekly and final reports.

- **Repeat prescription systems** – Completed evidence review on existing guidance and evidence around repeat dispensing and prescribing systems.
- **IV Multivitamin Therapy** – SRT are conducting an evidence search to determine the benefits and/or risks of recreational use of IV multivitamin therapy.
- **Workforce wellbeing** – SRT will support the 2023 Workforce Wellbeing survey. The survey is, currently, being updated for launch in October 2023.
- **RPS Annual conference abstract submission process 2023** – Supported the education team developing the [call for abstract](#), including relevant abstract submission documents.
- **Mock Interviews** – Organised and delivered mock interviews, including:
 - Two NIHR advanced fellowship mock interviews
 - Two PhD mock vivas
 - One mock interview for a PhD position.
- **Support services** – We have continued to provide high quality research support services to RPS members, including drafting research support letters, responding to research enquiries, reviewing research funding applications, surveys, reports, articles, etc.

2.3. Resources for the development of research capacity and capability in pharmacy

- In support of the nine short (45 mins) NIHR research e-learning modules, we have continued the review and update of our research and evaluation guides. We have recently published [guidance](#) on (1) *sampling methods*, (2) *journal publications*, (3) *research conferences*, (4) *applying for research funding and developing research proposals*, (5) *patient and public involvement and engagement in research*.
- In response to demand, we have also initiated development of guidance on (6) *quality improvement* and (7) *service evaluation*, scheduled for publication in June 2023.

2.4. Other

- **Evidence review on the safety and risks of pharmacological treatment of menopause** – Completed initial review of literature.
- **Aquiette POM to P response** – SRT reviewed additional evidence submitted by Maxwellia against RPS' original response to consultation.
- **Media enquiries**
 - Developed a media communications strategy with Chief Scientist and the Press Office.
 - Continued to respond to media queries on a range of topics, including Ozempic supply, changes in painkillers compositions since the 1960s, SARMS, when to use generic vs. branded medications, biosimilars and what to consider when they are prescribed, the "Benadryl TikTok challenge", and codeine linctus' efficacy and risks, etc.
- **Pharmaceutical Science webpage** – [Content](#) has been reviewed and updated.
- **Chief Scientist Research Opinion** – Monthly blog, providing commentary on selected articles from RPS journals. The most recent article is titled "Understanding the pharmacy workforce" and can be found [here](#).

2.5. Science and Research Committee and Expert Advisory Groups

Science and Research Committee – Meeting held on 7 February, during which TORs were reviewed and updated, and SRC's priorities were discussed. Next meeting to be held on 2 June 2023 February 2023

Antimicrobial Expert Advisory Group – Meeting held on 16 January 2023. Supported the development of an AMR case study for FIP. Next meeting to be held on 25 May 2023.

Industrial Pharmacy Advisory Group – Meeting held on 8 March 2023. Next meeting to be held on 6 June 2023.

Meeting minutes can be found [here](#).

National Pharmacy Board meeting – 21.06.2023

Title of item	Education and Professional Development Jan - June 2023 activities update
Authors of paper Position in organisation Telephone E-mail	Beth Ward, Associate Director of Education & Professional Development (interim) Elizabeth.Ward@rpharms.com Helen Chang, Head of Professional Development Helen.Chang@rpharms.com Joseph Oakley, Associate Director of Education & Professional Development (interim) Joseph.Oakley@rpharms.com
Headline summary of paper	Education and Professional Development activities report January to June 2023
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	n/a
Resource implications	n/a

Education and Professional Development activities update to National Boards

1. Background

Following the executive level restructure, the Education & Professional Development (EPD) and Pharmacy & Member Experience (PMEX) directorates have now merged to form the Professional Membership & Education (PMED) directorate.

The directorate is supported by an interim leadership and management team comprising four interim associate directors and two heads of department. The education and professional development roles within this are:

- Beth Ward, Associate Director of Education & Professional Development (responsible for Education delivery)
- Joseph Oakley, Associate Director of Education & Professional Development (responsible for Assessment & Credentialing).
- Helen Chang, Head of Professional Development (responsible for student/Foundation trainees, mentoring and e-portfolio development and delivery)

The interim leadership and management team have been working to unify the existing Education and Membership strategies in line with this structural change.

Educational activity for 2023 will be largely focussed on developing a compelling educational and professional development value proposition to support membership growth in our target segment: pharmacist prescribers. We will also be focussing on scaling our credentialing activities at the advanced level of practice following the release of the RPS Core Advanced curriculum.

2. Summary of activity /achievements to date

2.1. Students

- We have worked closely with NHSE, NES, HEIW and BPSA to co-develop and deliver a series of webinars to support third year MPharm students prepare for the national foundation training recruitment scheme (Oriol) 2024/25. Over 300 students registered for the first webinar which focussed on the application recruitment process. The second session which will summarise approaches to preferencing, will take place in June.
- We attended the BPSA annual conference in April and delivered four workshops on the following topics a) Preparing for job applications; b) Ethical dilemmas in Pharmacy; and c) Inclusion & Diversity in Pharmacy. The workshops were received overwhelmingly positive feedback from both students and the entire BPSA executive team.

2.2. Foundation training

- We continued to deliver our new foundation trainee membership programme (launched in October 2022). The final webinar for this 22/23 cohort took place in March.
 - Feedback shows that trainee pharmacists would highly recommend the programme of webinars to peers: 98% on average.

Title of webinar	Number of registrations	% Learners who would recommend to a colleague
Key Milestones for the Foundation Training Year: Insights from Designated Supervisors and Training Leads	306	100%
Law & Ethics: The Medicines, Ethics and Practice as an Essential Resource	407	100%
Focus on clinical conditions: using SmPCs, PILs, the BNF and clinical resources to support your revision	294	94%
Focus on your wellbeing: managing priorities, work, and revision	261	96%
Revising for the GPhC registration assessment	300	99%

- We commenced delivery of our 2023 Revision Course programme in March. A total of 15 Live webinar dates (5 sessions, each repeated three times) have been delivered, which have been positively received.
- We continued to develop the HEE Foundation Trainee Pharmacist E-Portfolio and have agreed a plan for phased improvements for 2023 based on HEE's user evaluation survey. The first phase of developments was completed in March and the second will be launched in late July.

2.3 Early Careers

- The Early Careers Pharmacist Advisory Group (ECPAG) met in January and May and discussed the outcomes of the independent commission, the role of advisory groups and took part in a focus group about support for newly qualified pharmacist.
- National board members representatives now have formal places on the ECPAG, providing a link between the group and boards, which is hoped to improve collaboration and policy formation processes across the organisation.

2.4. Mentoring

- We continue to see good engagement on the mentoring platform. At the end of May 2023, we had 1995 registered users on our mentoring platform. 1655 mentees (1405 are active), 581 mentors (458 are active). 2527 mentoring requests have been made (711 are in progress and 537 marked as already completed). We are currently exploring new streams of work with our mentoring advisory group, and will look to expand the scope of the group so that can support us with supervision, and communities of practice.
- We delivered a webinar sharing our experience of developing a national programme with members of FIP in June. This was an opportunity to showcase our work to an international audience, alongside other international organisations similar to RPS.

2.5. Courses and programmes

- We reviewed remaining NIHR E-learning for Pharmacists and Pharmacy Technicians modules to ensure that the quality and learning experience adheres to our education quality standards. All 9 modules will be available by the end of the quarter.

2.6. RPS Live

- In Jan to June we developed and delivered 5 webinars

Month	Webinar content	Number of registrations	% Learners who would recommend to a colleague
March	Pharmacogenomics: Looking to the Future with Professor Sir Munir Pirmohamed	119	95%
March	NHS CPCS Clinical webinar: Common Childhood Skin Conditions	268	99%
April	Dermatology Terminology and Q&A with Dr Stephanie Gallard	154	100%
April	Strep A: Symptoms, self-care and when to seek help	122	100%
May	RPS and NICE series: Depression in adults	137	96%

2.7. Annual conference

The Education Team have remit over content planning for the Annual Conference Programme. Planning continues, with activity as follows:

MARCH:

- Stakeholder engagement phase 1:
- Invitations sent to CPhOs, APTUK, NHSE/I Senior Professional Advisor Pharmacy Technician Practice
- Initial engagement with potential conference collaborators and sponsors
- Confirmation of support from SRC and Pharmacy Practice Research Committee for abstract process
- Engagement with technology provider
- Content planning meeting 1 held 22nd March
- Mix of members from across sectors, countries and stages of practice
- Jill Swan (SPB), Rafia Jamil (WPB), Brendon Jiang (EPB) are supporting this group

APRIL:

- Call for abstracts and call for innovations opened
- Content planning meeting 2 held 21st April: topic areas refined, speaker recommendations
- Stakeholder engagement phase 2 – organisations supporting content development include:
 - APTUK
 - Commonwealth Pharmacists Association
 - Pharmacist Support
 - UKCPA
 - BOPA
 - PCPA
 - CMHP
 - NPPG
 - FIP
- Scoping keynote speakers

MAY:

- Programme development and refinement with partner organisations
- Keynote speaker invitations sent out

2.8. CPCS

Our contract with HEE for the delivery of clinical consultation and assessment skills training for community pharmacists in England came to an end in April 2023.

Over the course of this £2.7m contract, delivered over 2 phases between 6th October 2020 and 27th April 2023 we have:

- Established an excellent working relationship with RCGP
- Built our brand and reputation in the education delivery space, in particular for community pharmacy, nationally
- Delivered 764 online events
- Received 16,933 bookings, had over 12,676 session attendances, training 10,026 unique pharmacists and trainee pharmacists
- Engaged 1,741 MPharm students
- Across phase 1 and 2, received an average **overall quality rating of 99%**, in terms of survey respondents' rating of the **overall course experience** as **'good or very good'**.
- Following the CPCS+ sessions (phase 2), **91%** of respondents felt **more confident** identifying red flags in patient consultations, to enable safe, effective, clinical management and/or referral of the individual after the training, **compared to before** attending our training.
- Created content across 6 clinical areas, including 40 complex clinical case studies, 100 exam questions, 30 quiz questions, and video content
- Received some incredible feedback from the learners:
 - "I NEVER usually enjoy training... but this was different, I actually found myself looking forward to part 2. If I could sign up to the skin session right now I would! Thanks for changing my negative views on CPD :)"
 - Absolutely excellent session. I found the specialist and real-life information very applicable, and this will definitely improve my practice."
 - The facilitators were the best I have come across. Excellent information and a good CPD opportunity"
- Examples of **impact of the learning on practice**:
- 'As a result of this training':
 - I confidently diagnosed bacterial conjunctivitis, provided appropriate advice and treatment recommendation.
 - I was able to identify appropriately a red flag situation (cellulitis) and refer on appropriately. Patient was very grateful.
 - I can identify the difference between bacterial, allergic and viral conjunctivitis and therefore reduce antibiotic dependence.
 - I used the red flags part of the training – identified a corneal ulcer and urgently referred the patient to the hospital ophthalmology department.
 - I now frequently conduct automated blood pressure monitoring confidently.
 - When I ask patients questions about pain, I use the learning to understand the type of pain, how severe and any red flags.

2.9. LMS

- We have designed and launched five LMS learning modules for learning who completed the CPCS Training Programme. The modules include Ophthalmology, Dermatology, Respiratory Conditions, Paediatrics, and Women's Health.
- The Clinical Skills module is being finalised and will be launched in late June.

2.10. Advanced and Consultant Practice

- **Core Advanced**
 - There are currently 640 users registered onto the Core Advanced e-portfolio
 - The submission and assessor area of the Core Advanced e-portfolio are currently being built and are due to launch in early August 2023.
 - The first window for portfolio submissions will close on 20th August 2023 and outcomes will be released on 3rd October 2023.

- **Consultant Pharmacist post approval**
 - In 2023, the RPS has received 6 post approval applications.
 - 3 applications were granted provisional approval and 1 was approved. There are currently 2 outstanding outcomes which will be released next month.
- **Consultant Pharmacist credentialing**
 - There are currently 1027 users registered onto the consultant pharmacist e-portfolio: 734 are members and 293 are non-members.
 - **6** portfolios were submitted to undergo the credentialing assessment in the 2023/1 assessment diet. **18** portfolios have been received for the 2023/2 diet and are currently undergoing assessment through Consultant Pharmacist Competency Committees (CPCCs).

National Pharmacy Board meeting – 21 June 2023

Title of item	Policy and Consultations
<p>Author of paper</p> <p>Positions in organisation</p> <p>E-mail</p>	<p>Heidi Wright, Ross Barrow, Alwyn Fortune and Iwan Hughes</p> <p>Policy leads for England, Scotland, and Wales</p> <p>Heidi.Wright@rpharms.com, alwyn.fortune@rpharms.com ross.barrow@rpharms.com iwan.hughes@rpharms.com</p>
<p>Headline summary of paper</p>	<p>The National Pharmacy Boards are asked to note the update on policies developed and published by RPS plus the update on consultations responded to by RPS in the time period January 2023 to May 2023 and the policy statements made for each consultation.</p>
<p>Purpose of item</p>	<p>This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.</p>
<p>Risk implications</p>	<p>The RPS must develop policies and respond to relevant consultations to provide a voice for pharmacists.</p>
<p>Resource implications</p>	<p>None over and above staff time</p>

POLICY AND CONSULTATIONS UPDATE

Background

It is important that the RPS has a view and a position in a number of different areas to support and advance the work that pharmacists do.

By developing policies and responding to consultations, the RPS states it's view on behalf of members, and we are then able to advocate for the profession.

Summary of activity /achievements to date

Policy:

- We have developed a [Vision for Pharmacy Practice in England](#) and a [best practice hub](#) under the themes in the vision. We will focus on implementation of the vision in 2023
- We are now four years into our vision work in Wales and have reviewed the 2022 goals and set the new 2025 goals to keep on track for the 2030 [vision for pharmacy in Wales Pharmacy: Delivering a Healthier Wales](#). We are leading on driving forward the work of the delivery board for implementation on behalf of Welsh Government. The Delivery board has been established with a new chair, Chris Martin (Chairman of the Life Sciences Hub Wales), with a focus on the four key themes of the vision, quarterly meetings take place and progress tracked towards achieving our goals.
- We are continuing to work to promote our new [Pharmacy 2030](#) vision in Scotland, we highlighted this at an NHS Scotland event, reaching the whole of the NHS
- RPS Wales have been commissioned to undertake an [independent review of clinical pharmacy services in Hospitals in Wales](#) on behalf of Welsh Government. A first draft has been submitted to Welsh Government, and we continue to work closely with Welsh Government and the Expert Steering Group as we finalise the document ready for submission.
- We have published our [Protected Learning Time policy](#) supported with examples of good practice and a blog
- We have made a submission to the Health and Social Care Select Committee Expert Panel pharmacy evaluation and board members have provided oral evidence
- We are discussing the issue of access to NHS mail for locum pharmacists with DPEAG and other interested parties to see how improvements can be made

- We facilitate and attend regular meetings with pharmacy organisations and professional leadership bodies policy leads to discuss current priorities and consultation responses.

Next steps

- We will continue to develop policies on areas of significance and relevance to pharmacists.
- We are developing a policy/position statement on the issue of separation of prescribing and dispensing / supply for pharmacist independent prescribers.
- We are contributing to the organisational response to the Covid Inquiry.

Consultations

During the period January 2023 to May 2023, we have responded to 19 consultations, these consultations and the policy points for each consultation are attached as **Appendix 1**. These can also be found on our website [here](#).

Next steps

The RPS will be responding to the following upcoming consultations

- GPhC consultation on fees
- Covid Inquiry Module 3
- Major Conditions Strategy call for evidence
- Supporting people with Chronic Conditions

Other areas

- Policy leads are leading cross RPS groups focusing on workforce wellbeing, independent prescribing, sustainability and workforce and networking.
- Policy leads actively support the Expert Advisory Groups in Digital, Primary Care and Community Pharmacy
- Policy leads represent the RPS at regular meetings with stakeholders
- Policy leads work with universities to establish opportunities for teaching and interacting with student at various levels

Conclusion:

We will continue to respond to consultations on behalf of the membership to ensure that pharmacy has a clear, strong voice in all discussions which affect healthcare and pharmacy. We will also continue to develop policy in relevant areas. Our aim is to ensure that the views of members and experts within the profession are reflected in our responses to consultations and policy development.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)				Overall RAG
Reporting period		September 2022 – January 2023		
Risks / issues/		None identified		
Project deliverables		Progress summary		Next Steps:
1.	Respond to consultations across GB	Responded to all relevant consultations during this time period		Continue to respond to consultations
2.	Develop policies in line with National Pharmacy Boards priorities and workplan	Relevant policies developed		Continue to develop policies in line with National Pharmacy Boards' priorities

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

Appendix 1: The following consultations have been responded to by the RPS **Time period: 17 Jan 2023 – 01 Jun 2023**

Supporting good decision making at draft hearings and outcomes | GPhC

- It is important and correct to outline to pharmacy professionals that discriminatory behaviour and attitudes are unacceptable towards patients, members of the public and colleagues and it is good to make it clear that these incidents will be taken seriously.
- It would be good to demonstrate some examples of sexism or ableism to demonstrate they're also unacceptable forms of discrimination to ensure an intersectional perspective is being considered.
- With the large focus on cultural background there is little consideration of neurodiversity and how neurodiverse individual may also express their remorse or sorrow in a different way, this also needs to be taken into consideration as this could also result in decision makers mistakenly thinking the pharmacy professionals have no insight and may conclude their fitness to practice is impaired.
- A point that has not been considered throughout the proposals is the impact of a Fitness to Practice case on an individual's mental health.

Call for evidence on AMR Action Plan | DHSC

- An important driver that cannot be ignored is the development of resistance to antimicrobials.
- COVID has shone a light on the impact of Health inequalities and the gaps that are widening which will ultimately increase risk and incidence of AMR
- In the shorter term there will not be many new antibiotics coming to market, so we need to make better use of the ones we have.
- There needs to be a change to the way deaths are coded so that we have real-time accurate mortality data. Currently many sepsis, pneumonia and other common infection related deaths may be caused by AMR, however they are coded by the clinical syndrome
- We need more research into primary and secondary care AMS activities, and clinical decision support tools
- Systems in primary care and community pharmacy must have interoperability to allow everyone to see what is being used to treat patients, including dental. If there is any setting where antimicrobials are prescribed, supplied, or dispensed then the IT systems must be interoperable, and the data visible in a central repository

Inquiry into assisted dying / assisted suicide | UK Government

- The RPS takes a neutral stance on this topic, it is neither for nor against assisted dying due to the wide-ranging nature of our members views.
- If legislation was passed in any of the GB countries every pharmacist would need to make a personal decision on whether or not they would wish to be involved in providing or supporting such a service.
- It is a pre-requisite that a conscience clause is incorporated into any legislation.
- There must be explicit protection in place in any legislation for pharmacists, pharmacy technicians and other health care professionals to be protected from prosecution when participating in the approved process for an assisted dying procedure

A vision for the Future for Primary Care | National Voices

- We would like to see the role of other primary care clinicians, such as community pharmacists, mentioned and expanded on in more detail.

Quality Standards for Adult Secondary Mental Health Services | Scot Gov

- Overall Royal Pharmaceutical Society supports the standards. However, there is a lack of any mention of the contribution which pharmacy will have in the delivery of the standards. There is also a lack of clarity about how the standards will interface with primary care, and how roles in primary care will complement care delivered by secondary services.
- It is crucial that people are able to quickly and easily access mental health support where and when they need it. Whilst these standards focus on secondary services, it is important that a community based approach is established to ensure there is 'no wrong door'. However, it is potentially unrealistic to say people will be able to access services in the timescales which they need, and runs the risk of raising false expectations, particularly if the patient and the service disagree about when someone should have access to a service. In addition, there are often practical challenges around supporting people's preferred ways of engaging with services and the standards should be realistic about these challenges so expectations are managed appropriately.
- All healthcare professionals should be supported to look after their own mental health and wellbeing, so they can support patients' mental health and wellbeing. Pharmacists experience long working hours, few breaks and a lack of work life balance. This needs to be addressed in the standards, so patients can ensure they are being cared for by a workforce that is supported and not exhausted or at risk of burnout.

All Wales Common Ailments Service Formulary | AWTTTC

- We highlighted that the document is very large and comprehensive, but it is very challenging to understand any updates as there is no summary of the changes since the last document.
- Pharmacists will potentially need to thoroughly search through the document and continually cross-reference to the original version to discover the changes. Whilst not only being a huge amount of unnecessary workload, it would also be unrealistic to expect pharmacists be able to specifically identify the changes and not miss some potential changes.

- An additional summary document of the amendments and/or a process of highlighting of the specific changes in the full document would be extremely useful.
- The original All Wales Common Ailments Formulary included Intertrigo as a condition for treatment. It was noted that Intertrigo is not listed in the update document.
- It is assumed low consultation numbers to date for the condition, but rationale would be useful to ensure patients are still able to access treatments for conditions for which they present.

Review of the Veterinary Medicines Regulations 2013 | DEFRA

- We are concerned that the proposals for restrictions on advertising are too severe and could even be damaging to adequate knowledge sharing and availability.
- We welcome the proposal that where a veterinary medicinal product is supplied in accordance with an oral prescription the person who prescribes the product must make a record of the reason for prescribing the product, as it prevents the supply of a medicine on the unreasonable or uninformed demand of the user of the medicine and protects the prescriber

Regulation of independent health care - amendments: consultation | Scot Gov

- It is important for patient safety that every individual providing independent health care services, regardless of profession, is regulated. There should not be variation between the requirement for regulation of one profession over another.
- Both premises and the practitioner should be registered to ensure healthcare services are being offered from a safe, hygienic and appropriate location by a practitioner registered to provide those services and who will do so to an appropriate standard.
- The consultation paper states that "the 4 UK home nations will work cooperatively to regulate and inspect the services based in their jurisdiction." This is incredibly important to ensure any additional system of regulation is not too burdensome for providers who are already registered with more than one regulator.
- It will be important to ensure that all prescribing professionals are included in the scope of this regulation to future proof this work to include those who are not yet but may become prescribers in the future. Without this, there is a risk that other prescribing professionals will then fall outside of the legislation and less scrupulous providers may use this loophole to continue to provide unregulated independent healthcare, which would go against the spirit of regulation.

NHS Education for Scotland (NES) Draft Strategic Plan 2023-26

- This is a good overall plan for the organisation. It would be useful to know if there will be more detailed plans for the various professions, including pharmacy, planned. If there is it will be vital they align for each profession to the current Scottish Government workforce and recovery plans.
- It would be great to see more detail about working with other organisations e.g. professional leadership bodies, to ensure education programmes are aligned.
- Is hard to say what the implications for our profession will be due to the generic nature of the strategic plan.

NICE research to better understand its work | NICE

- Web-based consultation reviewing respondent understanding of the role of the National Institute of Clinical Excellence
- Response provided from the perspective of the professional support service

Strategic Pharmacy Workforce Plan for Wales | HEIW

- We are overall supportive of the framework and pleased to see its publication for a direction of travel for the profession.
- The actions within the plan are wide ranging and will require a tremendous amount of work to implement.
- Key to delivery of the document is the implementation, and due to the number of actions and challenges some will inevitably bring, this is a key risk.
- Engagement and a collaborative approach to implementation across all settings, with both employers and staff is imperative.
- We highlighted that actions should be prioritised, based on those that are likely to bring more immediate benefits to staff recruitment and retention prioritised. Some actions call for reviews and short-term projects to consider before delivery, again these need to be prioritised to ensure those that are likely to have the greatest impact for the service and patients are prioritised.
- Important consideration of any unintended consequences of delivering some of the actions is essential, to mitigate the risks of moving workforce pressures from one sector to another.

Professional Standards Authority Strategic Plan for 2023-26 | PSA

- From a professional perspective, the most critical theme is facing up to the workforce crisis. Without the appropriate workforce, patients and the public will not receive the care they need.
- There is much change within the pharmacy profession, with pharmacy students graduating as prescribers from 2026.
- The standards set should facilitate and enable innovation within professional practice.
- We would encourage more engagement with patients, service users and the public in the development of regulatory requirements.
- The Authority will need to be more flexible in its approach as professional practice evolves with the changing landscape and patient and public demands. This will include recognising the role of digital health and technologies to support patient care and ensuring professionals are competent to use such technologies and interpret results.

Standards for gender identity healthcare services for adults and young people | HIS

- Some patients use private services for treatment. It would be helpful to both clinicians and patients if the standards could outline how NHS and private services should interact, and what the process should be for supporting the transfer of care from private to NHS services.

- Royal Pharmaceutical Society welcomes the introduction of gender identity healthcare standards, and is ready to support the pharmacy workforce in implementing them across health services and settings in Scotland.

All Wales Paediatric Asthma Management and Prescribing Guideline | AWTTTC

- The response was developed with extensive input from the Neonatal and paediatric pharmacists' group (NPPG) and paediatric clinical lead pharmacists in Wales.
- We noted throughout the document Salamol is recommended as one of the short-acting beta-2 agonists of choice, noting from the SPC its alcohol content, one puff is equivalent to 1ml beer or 1ml wine.
- We highlighted that dosing could be as high as 8 puffs in a 24-hour period, we wanted to ensure the alcohol content when dosing in children, has been taken into consideration when recommending Salamol.
- We suggested consideration to be given to add comments around assessing maturity/ability to effectively use DPI and in particular MART regimes should be added.

How we communicate with healthcare professionals | MHRA

- This was a web-based consultation with a focus on quality improvement of communications from the Medicines Healthcare products and Regulatory Agency
- A response was provided from the perspective of the RPS professional support team

Professional Framework for Enhanced, Advanced and Consultant Clinical Practice | HEIW

- We highlighted that the document states the framework 'is intended for use by all professions excluding medical and dental.' Pharmacy is not part of the allied health professionals' group so in effect the document is unclear whether or not it is intended to be adopted by the pharmacy profession. Pharmacy needs to be added to the excluded list.
- The document refers only to employees in one sector, NHS employees. Within pharmacy, a substantial proportion of professionals are employed in the private sector who provide services under terms of an NHS contract (community pharmacy). Whilst government policy directs a shifting of care from secondary to primary, and we want professionals working across settings, this framework doesn't support this.
- Pharmacy is mature in the definition of post-registration practice and already has an established series of post-registration curricula aligned to enhanced, advanced and consultant-level practice. These are supported by robust milestone e-portfolio credentialing assessments.
- We wish to ensure alignment with multiprofessional frameworks across the devolved nations but believe it is important to have a profession-specific development pathway to support pharmacists and assure their practice for patients and the system. These are already well established.
- We believe the RPS structure and pharmacy more generally could act as an exemplar for how other professions could define and assure post-registration levels of practice given our significant work in this area over the past five years.

- We believe that the definition of different levels of post-registration practice should be driven by patient & service need rather than just alignment to arbitrary academic levels; relying on defining advanced practice solely by academic level is problematic. As pharmacists graduate with a L7 academic qualification (and soon as prescribers), this could infer that they register as advanced pharmacists, which is not correct.

Regulating anaesthesia associates and physician associates | UK Gov

- Whilst we agree there should be consistency across all regulators in the reasons as to why a fitness to practice case may be initiated, we do have concerns over the references used to imply impaired fitness to practice. We do not agree that the impairments should be limited to the inability to provide care to a sufficient standard or misconduct
- The removal of lack of knowledge of English language from the grounds could raise inequalities issues
- We would like to see regulation address the current issues in the initial education and training standards
- We would also like to see a focus on clinical and educational supervision whereby there is a focus on learning environments and creating an infrastructure in which registrants learn while practicing
- We believe that the removal and readmittance processes to the register for administrative reasons should be set out in primary legislation.
- it would have to be made explicitly clear what information could be requested, by who, and for what purpose in terms of sharing of information between partners
- Regulators should be required to assess the impact of proposed changes to their rules, processes, and systems before they are introduced

Guidance for stroke rehabilitation in adults | NICE

- We are concerned that medicines are not mentioned in this document. A person who has had a stroke may already have long term conditions that they are taking medicines for and / or may be initiated on medicines following their stroke. The ability of the person to take their medicines, and support they may require to do this, needs to be considered as part of the rehabilitation process. This would be particularly important for someone who has dysphagia

Supporting people with chronic conditions | Health and Social Care committee

- We took the opportunity to support the committee's work in this area at the evidence gathering stage.
- We highlighted, as the experts in the safe and effective use of medicines within the health service, pharmacists must play a central role in supporting people with chronic conditions to get the best outcomes from their medicines.
- Consistent use of pharmacists' expertise will also help reduce adverse reactions to medicines, minimise avoidable harm and un-planned admissions to hospital.
- We were able to use areas from within our policy document, 'Long-Term Conditions' to highlight the role of pharmacy in this area.

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- These areas focused on prevention and self-management, timely detection, treatment and multi-morbidity.

National Pharmacy Board Meeting: 21 June 2023

Title of item	Public Affairs
Author of paper	John Lunny, Ross Barrow, Iwan Hughes
Positions in organisation	Public Affairs Leads
E-mail	John.Lunny@rpharms.com Ross.Barrow@rpharms.com Iwan.Hughes@rpharms.com
Headline summary of paper	To update National Pharmacy Boards on public affairs activity and stakeholder engagement.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the authors ahead of the meeting.
Risk implications	Engaging with key stakeholders in a fast-moving policy environment.
Resource implications	None over and above staff time

PUBLIC AFFAIRS UPDATE

Scotland

- Discussed sustainable prescribing on a podcast with Jason Leitch, Scotland's National Clinical Director.
- Held a Primary Care Clinical Professions Group Meeting at Royal Pharmaceutical Society's home in Edinburgh.
- Co-hosted a round table with Royal College of GPs on greener prescribing, which was attended by many health professional bodies representing prescribers, and Scottish Government's Chief Medical Officer, Gregor Smith.
- Met with the new Women's Health Champion for Scottish Government, Professor Anna Glasier, and discussed our Women's Health policy.
- We were invited onto a Scottish Government working group on Women's Health, to discuss long-acting reversible contraception chaired by the Women's Health Champion, Professor Anna Glasier.
- Met with Willie Rennie MSP to discuss the critical role of hospital pharmacists in the discharge process.
- Met with the new Minister for Drugs and Alcohol Policy, Elena Whitham MSP and discussed our policy on pharmacy's role in reducing harm and preventing drug deaths.
- Attended Asthma and Lung UK's Scottish Parliamentary Reception to hear about the Respiratory Care Action Plan two years on, and how pharmacists are supporting.
- Spoke at the International Forum on Quality and Safety in Healthcare in Copenhagen, alongside Jason Leitch, National Clinical Director, Stuart Duncan, Scottish Government and Clare Morrison, Healthcare Improvement Scotland.

England

- Taiwo Owatemi MP, Health Select Committee member and Pharmacy APPG Chair, hosted a Women in Pharmacy reception in the House of Commons, on behalf of the RPS and the Pharmaceutical Journal's 'Women to Watch'.
- Members of the English Pharmacy Board and Expert Advisory Groups attended two virtual roundtables to inform a Health and Social Care Select

Committee 'Expert Panel' evaluation of pharmacy services in England. The RPS has also submitted written information to the Committee.

- An English Pharmacy Board member gave evidence to the Lords Select Committee on the Integration of Primary and Community Care.
- We continue to support the work of the Pharmacy APPG, including briefing sessions for MPs and Peers on the latest policy developments, the primary care recovery plan, and steps to support the pharmacy workforce. The RPS joined MPs and other pharmacy bodies for a letter hand-in to Number Ten, calling for greater support for pharmacy.
- The English Pharmacy Board Chair and an RPS Fellow gave evidence to the Times Health Commission.
- We supported the publication of a new Prescription Charges Coalition [report](#) which showed that nearly 10% of patients in England do not collect prescriptions due to cost.
- We briefed MPs ahead of a Westminster Hall debate on prescription charges for people aged 60 or over. The Government is yet to publish its response following the 2021 consultation on lowering the age exemption to 60.
- The RPS spoke at a Policy Exchange panel event on vaccines.
- We responded to the Labour Policy Forum consultation on health.

Wales

- Ahead of the launch of the new RPS/Marie Curie Daffodil Standards on end-of-life care for community pharmacies, we hosted a drop in session at the Senedd. In all 23 Members of the Senedd attended and were able to hear from RPS staff and members with palliative care expertise about the intentions of the standards and how they can support our work. Previous recommendations from the RPS Wales palliative care policy were also promoted.
- We responded to the Senedd's Health Committee's consultation on chronic conditions. Another Senedd drop-in event is scheduled for September to highlight pharmacy's role across all setting for patients with chronic conditions.
- A hospital pharmacy visit for Ogmores MS, Huw Iranca Davies was held at the Princess of Wales Hospital, Cwm Taf. The Clinical Director of Pharmacy and

Medicines Management for Cwm Taf and the pharmacy team at the Princess of Wales showcased a wide range of services and activities undertaken by the whole team.

- We met with the ITV Wales Health Editor which led to a TV news item where we were able to outline the calls made in our protected learning time policy and showcase the great work of community pharmacy members.
- As part of our membership of the Wales Royal Collages Mental Health Group, we've taken part in two teleconferences with the Deputy Minister for Mental Health to promote pharmacists' role in this area.
- We met with Marie Curie's team in Wales to discuss joint work on the Daffodil Standards and our palliative care policy.
- RPS staff/board members attended the dinners of the Welsh Labour and Plaid Cymru party conferences and were able to discuss key pharmacy issues with a number of MS's.
- We've met with Canopi (mental health support for NHS and social care staff across Wales) to establish pharmacy take up and promotional opportunities.
- Together with other royal collages, we've contributed to a document on the needs of the health workforce that will be published in July.

Next steps

- The RPS will continue to engage with a range of stakeholders on the role of the profession to support patient care.

National Pharmacy Board meeting – 21 June 2023

Title of item	Sustainability
Author of paper	Elen Jones
Position in organisation	Director for Wales (Director Lead for Sustainability)
Telephone	020 7572 2342
E-mail	Elen.Jones@rpharms.com
Headline summary of paper	Summary of activity since the last National Board Meeting.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	
Resource implications	Staff & board time.

Background (Reason for activity and ambitions)

Activity has focused on raising awareness of sustainability issues within pharmacy and medicines, spreading best practice among the profession and collaborative work to encourage the implementation of the recommendations made in our sustainability policies.

Summary of activity /achievements to date

- Greener Pharmacy Guidance: RPS has been commissioned by NHS England to develop guidance that will help community and hospital pharmacy teams to reduce the impact of pharmacy services, pharmaceutical care and medicines on the environment. The guidance will enable pharmacy teams to self-assess their impact against the standards, benchmark and improve through evidence-based activities and actions.
- UKHACC: We've continued to attend meetings and support initiatives of the UK Health Alliance on Climate Change. Specific initiatives include:
 - As an organisation, [signing up to a list of ten commitments](#) to mitigate and adapt to climate change. It is hoped that the commitments will act as guiding principles for health organisations to show leadership and drive forward the changes needed for healthcare to become more sustainable.
 - Membership of a short life working group to support development of a policy position on biodiversity and health.
- Climate Scorecard: As an organisation, we've provided evidence of our 2022 activity to the [Climate and Health Scorecard Initiative](#). Focusing on 4 core areas of internal operations, education and training, finance and advocacy, the initiative has the following two goals:
 1. To support health organisations in moving towards a just, healthy and sustainable world at the rate and speed required to ensure a liveable planet for all.
 2. To allow health professionals to know what climate action has been taken by their membership organisation.It's hoped that the results of our submission (to be received in the summer) will help us identify areas for improvements in our climate action.
- Reducing the environmental impact of prescribing (Scotland): We presented along with Scottish Government, on behalf of RPS and RCGP, at the recent International Forum on Quality and Safety in Healthcare in May in Copenhagen on our joint working on Sustainable prescribing. RPS are hosting a joint event with Royal College of GPs at Melville Street in June on reducing the environmental impact of prescribing. The purpose of the event is to bring together a wide collection of stakeholders who are committed to this initiative for an evening of networking and celebration of our work on this so far. Jason Leitch, (National Clinical Director, Scottish Government), will be speaking at the event.
- Sustainability at the Senedd (Welsh Parliament): Arrangements are in place for an event in November at the Senedd to highlight to members the links between medicines and climate change and the work pharmacists are doing to limit environmental harm.
- Scottish Parliamentary Reception on Sustainability: RPS Scotland is planning a Parliamentary Reception at Scottish Parliament in December to raise awareness

amongst MSPs of the work RPS is leading on to make prescribing greener. The event is being sponsored by Gillian Mackay MSP.

- **Stakeholder Engagement:** We've continued to meet with a range of stakeholders across the health service in GB, with the aim of finding ways to implement the recommendations in our sustainability policy and to identify opportunities for collaborative or commissioned work. This has included meetings with NHS England Net Zero team, Public Health Wales, other royal colleges and the pharmaceutical industry.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Sustainability		Overall RAG
Reporting period		January 2022 - January 2023		
Risks / issues/		None		
Project deliverables		Progress summary	Next Steps:	
1.	Stakeholder activity across the three nations to make our recommendations in the policy a reality	A number of relationships have developed with other organisations as reflected upon in the paper	We will continue with this work and look for more opportunities to drive forward progress.	
2.	Actively engage with partners through the UKHACC	Meetings have been very useful to gain knowledge and partnership working.	We will continue to actively engage	

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 21 June 2023

Title of item	RPS Pharmacogenomics Project
Author of paper	Jenny Allen
Position in organisation	RPS CPhO clinical fellow & Interim Pharmacogenomics Lead
Telephone	
E-mail	Jennifer.allen@rpharms.com
Headline summary of paper	This paper outlines the developments of the RPS pharmacogenomics programme since the last board update
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	<ul style="list-style-type: none"> • A fast-changing policy landscape across Great Britain in this area may risk the project's success, have an impact on RPS reputation and external relationships. • Capacity pressures
Resource implications	<ul style="list-style-type: none"> • Staff time • Pharmacogenomic lead role

RPS Pharmacogenomics Project

Background (Reason for activity and ambitions)

The boards have agreed that focussing on a project dedicated to pharmacogenomics sits firmly under the RPS' vision to put pharmacy at the forefront of healthcare and to become the world leader in the safe and effective use of medicines. It is critical that the RPS leads and support its members and the profession in this advancing area of practice.

RPS aims to deliver an engaging programme for members and the profession working collaboratively with other organisations and professions across GB

Summary of activity /achievements since the last board meeting

- Webinar with Sir Prof Munir Pirmohamed "Pharmacogenomics – Looking to the future" (March 2023).
- [Publication of Collaborative Position Statement for Pharmacy Professionals and Genomic Medicine – endorsed by 14 organisations](#) (April 2023).
- Continued stakeholder networking throughout Q1&Q2.
- Continued RPS representation on various external high-level national genomics meetings, including Genomics Professional Partnerships Group.
- Meeting with Genomics Education Programme
- Handover of lead role.

Next steps

- Explore further opportunities for the RPS to collaborate with other stakeholder organisations/to raise the awareness and profile of the leadership role that pharmacists play in pharmacogenomics and genomics e.g., patient/public engagement, outcomes of the NHSE genomics pharmacy roundtable.
- Continued genomics networking with stakeholders across GB.
- Explore potential to develop RPS pharmacogenomics expert stakeholder group into a RPS pharmacogenomic expert advisory group.
- Support options appraisal for delivery of multidisciplinary prescribing framework.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

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Name of theme lead(s)		Jenny Allen	Overall RAG
Reporting period		Q2/Q3	
Risks / issues/		Pharmacogenomic Lead Role	
Project deliverables		Progress summary	Next Steps:
1.	Pharmacogenomics awareness and engagement webinar series development	Further webinar with Sir Prof Munir Pirmohamed delivered	Complete
2.	Development of position statement on genomics in collaboration with other pharmacy bodies	Published April 2023	Consider transitioning working group to expert advisory group.

Advice requested from Board:	For noting only
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	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 21 June 2023

Title of item	Inclusion and Diversity
Author of paper	Amandeep Doll
Position in organisation	Head of Professional Belonging
Telephone	0207 572 2353
E-mail	Amandeep.doll@rpharms.com
Headline summary of paper	Inclusion and Diversity Update – round up of Q1 and upcoming activity for Q2 & Q3 2024
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	<ul style="list-style-type: none"> • RPS to continue delivering their commitment to the 5-year RPS Inclusion and Diversity strategy • Engagement and collaboration with the profession and key stakeholders to complete the I&D programme review survey to identify areas of improvement. • Staff absence and sickness All risks have been mitigated against
Resource implications	RPS Staff Time

Inclusion and Diversity Update

Background

[RPS Improving Inclusion and Diversity across our profession: our strategy for pharmacy 2020 – 2025](#) was launched in June 2020, with a commitment to improving inclusion, diversity and creating a sense of belonging for the whole profession.

We are committed to continue to deliver against our strategy and ensure there is an improved sense of belonging across the profession.

We must have a fair profession where everyone feels they belong for us to best deliver on all our professional responsibilities.

Summary of activity to date

1. Parents and Carers Campaign

Since the launch of the parents and carers campaign on 26th September 2022 we have undertaken the following activity:

- Published a [number of blogs](#) by a range of pharmacists sharing their lived experiences on a range of topics with good levels of engagement.
- Two live stream panels which have included focusing on requesting flexible working and additional considerations when adopting.
- Launched a Pregnancy, Maternity, Paternity, Parents and Carers related microaggressions resource.
- Hosted a webinar 'Creating a positive working environment for Parents & Carers' with Rachel Vecht an expert in supporting organisations to work well with their parent and carers.
- Hosted a webinar with Aabilities, focusing on how we can support parents and carers of children and adults with neurodiversity.

Upcoming activity includes:

- Updating the return to work guidance with specific examples for people returning to work after maternity leave and extended period of caring leave.
- A line managers guide on how to support parents and carers in the workplace.
- A knowledge hub to help people understand their rights in the workplace and signpost to help.

2. Disability Awareness Campaign

- a. **Updating the HEOP guidelines:** We have written a joint letter with the GPhC to HEOPs to highlight the need to update the Pharmacy HEOP guidelines, we have had a positive response from HEOPs acknowledging the need to update them to be more inclusive. they will share the updated guidelines for us to review shortly.
- b. **Neurodiversity Training with Aabilities:** we have successfully run a 2-part workshop on how to work with neurodiverse individuals and how we can better

support their needs in the workplace. 84 people registered with 54 people attending. The feedback from attendees has been extremely positive.

3. Address Black students' awarding gap at both undergraduate and post graduate level.

A summary report to establish the current picture is currently being put together, considering how things have changed since the initial [2016 GPhC report](#) and what the RPS can do to support the differential attainment gap at both a postgraduate and undergraduate level.

As part of the Inclusive Professional Practice collaboration, we have met with NHS England, GPhC, Pharmacy Schools Council and key stakeholders to discuss how the experience of black trainee pharmacists can be improved as part of the initiative to increase the diversity in senior leader roles across pharmacy organisations. This is currently being reviewed to decide on next steps forward.

We are currently scoping interest in putting together a guest diverse lecturer network, a database for universities to access diverse guest lecturers. From speaking to a range of pharmacy undergraduate students we have been informed of the value of being taught by a diverse range of people. Bringing in diversity of experiences across different sectors, diversity of cultural, background and outlooks. It also supports representation and visibility, students will be exposed to people who they relate with and view as role models.

4. Inclusion and Diversity Programme Review

The RPS Science and Research team have been commissioned to conduct a review of the Inclusion and Diversity programme to determine its impact on the pharmacy workforce and to evaluate how effective the programme has been in meeting its original aims and objectives.

The data and insights gathered will be used to produce a final report that will outline the extent to which the programme is fit for purpose and make recommendations on how the programme could be improved going forward. With the aim to launch the final review at the RPS Annual Conference in November.

The programme review is being undertaken in 2 workstreams:

- **Workstream 1** a profession wide inclusion and diversity survey, a literature review and focus groups will be conducted to explore in more depth individuals views and opinions of inclusion and diversity in the profession.

We are opening the survey up to all pharmacy professionals, we have liaised with APTUK and PTOC to ensure it is inclusive of pharmacy technicians and happy to share it with their members.

- **Workstream 2** through completion of the [Diversity and Inclusion Progression Framework 2.0](#) created by the Royal Academy of Engineering and the British

Science Council we will assess how well I&D has been embedded internally across our products and internal governance structures to identify what we are doing well and how we can improve.

5. Health Inequalities

- a. **Health Inequalities Webinar:** To support the implementation of the RPS Health Inequalities Position Statement, a presentation on importance of addressing unconscious bias to support health inequality initiatives was delivered at the RPS Health Inequalities Webinar.
- b. **Cultural competence panel at Newcastle University:** Presentation and participation on a panel to an audience of pharmacy students and pharmacists on the importance of I&D on cultural competence and impact on health inequalities.
- c. **Women's Health Strategy:** Participation of a Women's Health Hub Expert Forum to help shape the hubs and ensuring the role of pharmacy is clearly articulated.

6. Mapping the I&D across the GPhC Initial Education Training Standards (IETS)

A key action identified at the February ABCD meeting was the importance of embedding LGBT+ topics into the undergraduate programme, pharmacy academic believe this is an area that requires additional support.

Working with volunteers from the ABCD group we have formed a working group to work on developing a reference which maps LGBT+ issues across each learning outcome, identifying different ways to embed this into the undergraduate programme and identify resources available.

The aim is to do map across different protected characteristics to the GPhC IETs to help HEIs deliver I&D as part of the Pharmacy course.

7. Accessibility of our communications

The RPS digital marketing and communications team have reviewed key elements of our communications to ensure they are fully accessible to our users. They have been working to check and improve aspects of:

- Website
- Search engine optimisation guidance
- Social media content
- Ensure images we use on website and social have descriptions
- Hyperlinks used are usefully described
- Videos are subtitled
- Podcasts have transcripts
- Design meets accessibility needs for example use of colours, font etc.

8. Professional Collaboration

- a. **Inclusive Pharmacy Practice - Health Inequalities** RPS, NHSE/I & APTUK [Joint National Plan for Inclusive Pharmacy Professional Practice](#). We are working

collaboratively to deliver actions under each of the themes and evaluate progress. We have delivered the following activity with NHSE/I and APTUK:

- Attendance at Improving Pharmacy Practice and Engagement Group (IPEG) and the IPP Board Meetings
- Working with the RPS professional development team to consider a funded proposal of supporting a reciprocal mentoring pilot for the NHSE pharmacy senior advisory team, including training sessions and an action learning set for mentors and mentees.
- Contributing to the quarterly IPP newsletter, our early career Scottish and English board members have written a blog on how joining the RPS Early Careers Group has enabled them to stand for RPS national boards.

b. British Islamic Medical Association (BIMA): We have collaborated with BIMA on two events to increase Ramadan Awareness:

1. Co-badged by PCPA an event focusing on supporting patients and their medications who are fasting for pharmacy professionals working in primary care. We had 124 delegates registered to attend.
2. A live stream for individuals observing Ramadan focusing on what and how to ask for flexible working requests and additional considerations to support pharmacy professionals fasting to practice safely.

c. FIP joint event: with members of the FiPwise and Equity Rx team we're scoping ideas of how we can working together on different topics where there is overlap across international audiences. We're currently looking at hosting a joint online webinar on gender equity.

9. Women to Watch Pharmacy Reception

Working with colleagues at the Pharmaceutical Journal, Team England and the Country Directors an event at the House of Commons hosted by Taiwo Owatemi was held to celebrate 3 years of successfully nominated Women to Watch in Pharmacy.

The successful women to watch were invited along with a range of key stakeholders. There was a panel session with the women to watch chaired by RPS English Pharmacy Board Chair Thorrun Govind.

A really successful event, with a lot of positivity and support for the PJs initiative and for furthering gender equality within the profession.

10. Drumbeat Events and Celebrations

The most recent celebrations have been:

LGBTQIA+ History Month

Throughout February we:

- shared a number of previously written blogs of prominent leaders within the profession, sharing their experience of being from the LGBTQIA+ community.
- promoted the LGBTQIA+ microaggressions reference.

- considered an intersectional view discussing adoption and challenges of being an adoptive parent.
- Hosted an ABCD, inviting the GHP president Nathan Burley to share his experience of working in Pharmacy and his role as a sexual health specialist pharmacist. Adam Rathbone shared his work on advocating and lobbying for easier access to PReP for all vulnerable groups. Maddy Chan a junior pharmacist collated views on how the RPS can better support LGBTQIA+ members of the profession and public.

International Women's Day

Throughout the month of March we:

- Publicised existing gender and ageism microaggressions references.
- Held a live stream discussing the lack women of colour as pharmacy contractors
- Shared a blog from a HIV pharmacist to raise awareness of the considerations of HIV and menopause treatments
- We ran a building confidence event, where we focused on the importance of building confidence and looking at why confidence may be negatively affected and what we can do to empower ourselves. We heard from a range from different perspectives. We also held three workshops focusing on coaching yourself, imposter syndrome and how to build yourself back up if you have low confidence. The event was really successful with 100 people registered to attend and 60 people attending. The feedback from the event has been very positive.

11. Upcoming drumbeat events:

- Pride Month:** the RPS are attending Edinburgh Pride on 24th June, we are liaising with the Scottish country team to plan RPS's attendance. Emails have been sent out to national boards, ABCD and Scottish RPS members. We have also extended an invite to APTUK and GHP as their presidents reside in Scotland.
- Windrush:** We will be celebrating 75 years of Windrush this year
- South Asian History Month:** As previous years we are working with key organisations across the profession to coordinate a profession wide celebration of South Asian Heritage Month. We will be working collaboratively with Pharmacy Technicians of Colour, APTUK, Female Pharmacy Leaders Network, Boots, GHP and Superdrug to run a face to face event and online panel discussions.
- Joint WWAG and ABCD meeting:** We are holding a joint ABCD and WWAG meeting to discuss the impact of bullying and discrimination on an individuals mental health. Harpreet Channa will be hosting a webinar on how to manage this.

RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)		Amandeep Doll	Overall RAG
Reporting period		Quarter 2 &3	
Risks / issues/		<ul style="list-style-type: none"> Engagement with key stakeholders and pharmacy organisations to create change and long-term commitment to pledge Staff absence and sickness 	
Project deliverables		Progress summary	Next Steps:
1	As part of the Parents and Carers Campaign produce returning to practice guidance	Taking evidence from the focus groups run in Sept 2022	To reach out to members of the focus group to help support in developing them
2	To continue to work through the I&D programme review	Supporting with focus groups, promote the survey and start work on the progression framework	Identify key people internally to form a short life working group to complete the progression framework.
3	Pull together a summary report to establish the current picture on the differential attainment gap and RPS can do to support.	To commence the work	Collect and collate the data available
4			
5			

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting –21 June 2023

Title of item	Workforce Wellbeing
Author of paper	Heidi Wright
Position in organisation	Practice and Policy Lead, England
Telephone	02075722299
E-mail	heidi.wright@rpharms.com
Headline summary of paper	To provide an update on Workforce Wellbeing activity (WWB) since the previous board meeting in February 2023
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	RPS, as the professional leadership body, must lead on this important issue for the profession
Resource implications	RPS staff

WORKFORCE WELLBEING

Background

The overarching aim of the RPS workforce wellbeing workstream is to support and improve the wellbeing and mental health of pharmacists, for both the current workforce and future generations.

Since 2019 we have undertaken an annual workforce wellbeing survey in collaboration with Pharmacist Support. Following the results from these surveys we have developed our policy asks and then advocated for change. Progress has been made in several areas. The RPS have been successful in gaining access to national support for mental health and wellbeing across all three countries. This support was made available to pharmacists and their teams during the pandemic and continues to be available for all to access.

The RPS Inclusion and Wellbeing Pledge supports an environment that is conducive to good workforce wellbeing, and we have developed resources to help the implementation of this, such as a support tool for workforce wellbeing in the workplace.

We have also published blogs that demonstrate ways in which positive workforce wellbeing can be achieved.

Summary of activity /achievements to date

- Publication of joint [position statement](#) on impact of pharmacy workforce wellbeing on patient safety
- Held Workforce Wellbeing Roundtable in collaboration with Pharmacist Support with key stakeholders on 17 May 2023
- Publication of RPS [Protected Learning Time Policy](#) in March 2023
- Ongoing access to nationally funded mental health and wellbeing support for pharmacists and their teams across Great Britain
- Annual Workforce Wellbeing Survey in 2019, 2020, 2021 and 2022
- Analysis of results and production of a report following the surveys (more information at <https://www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing>)
- Development of policy asks and advocating for change
- Establishment of Workforce Wellbeing Action group formed from RPS members with an interest in mental health and wellbeing. Had the first

meeting of 2023 with the group and 3 more meetings planned in 2023. Over 190 members signed up to the WWAG

- Development of resources highlighted on [RPS wellbeing hub](#)
- Several blogs to demonstrate Workforce Wellbeing in action
- RPS Inclusion and Wellbeing pledge and ongoing work around the implementation of the pledge
- Exploring a series of learning sessions with Pharmacist Support in 2023
- In our [policy](#) we called for pharmacy employers and pharmacy trade unions to come together to a round table meeting to agree principles for a way forward that ensures patients benefit consistently from access to high quality, adequately staffed, safe pharmacy services. It is good to see NHS England bringing key stakeholders together to talk about workforce planning. The first meeting is on 24 Jan 2023.

Next steps

- Bring key stakeholders together again in six months' time
- Explore alignment between workforce and workforce wellbeing projects in terms of advocacy and policy asks
- We will develop a WWB survey for 2023.
- Continue to work collaboratively with Pharmacist Support, exploring opportunities to undertake joint working and running learning events with them in 2023/24
- Continue to engage with members via the Workforce Wellbeing Action Group (WWAG)
- Continue to engage and collaborate with key stakeholders to advocate for change

Conclusion:

Workforce Wellbeing is a priority for RPS and we will continue to lead and engage in this area




RPS National Pharmacy Boards Workplan Activity: Highlight reporting

Name of theme lead(s)	Workforce Wellbeing	Overall RAG
Reporting period	January 2023 – May 2023	

OPEN BUSINESS

Risks / issues/		Risk around impact and change based on advocacy and policy not being seen or felt in everyday practice Working with key stakeholders to bring about long-lasting change	
Project deliverables		Progress summary	Next Steps:
1.	Continue to engage with key stakeholders	In progress	Undertake to hold another roundtable meeting by the end of 2023
2.	Work with PS to develop a series of learning events for RPS members	In progress	Ongoing regular meetings with PS
3.	Develop member WWB survey for 2023	In progress	Will be progressed later in 2023
4.	Analyse survey data and write report	Yet to start	Will be progressed following data collection from survey when survey closes

Advice requested from Board:	
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	At risk of not being delivered
	Delayed
	On plan

National Pharmacy Board meeting – 21st June 2023

Title of item	Community Pharmacy Quality Improvement Standards for Palliative and End of Life Care (Daffodil Standards)
Author of paper	Darrell Baker
Position in organisation	Project lead RPS Wales
Telephone	+44 (0) 207 572 2348
E-mail	Darrell.Baker@rpharms.com
Headline summary of paper	Launch of the Community Pharmacy Quality Improvement (“Daffodil”) Standards for palliative and end of life care took place on 22 nd May 2023. Part of a UK-wide partnership project with Marie Curie UK, the project is now moving to the implementation phase, with funding agreed to support promotion and implementation, share learning and for the development of supporting materials over the next 2 years.
Purpose of item	This paper is for noting only and will not be discussed at the meeting. Questions can be submitted to the author ahead of the meeting.
Risk implications	N/A
Resource implications	Marie Curie UK are funding a contract with RPS to support the ongoing development work and publish the standards and supporting materials.

Title-

Community Pharmacy Quality Improvement Standards for Palliative and End of Life Care (Daffodil Standards)

Background (Reason for activity and ambitions)

This work aligns to the established RCGP and Marie Curie ‘Daffodil Standards for advanced serious illness and end of life care’ for GP Practices. It builds upon the

RPS Wales Policy document published in 2019, Palliative and End of Life Care: Pharmacy's contribution to improved patient care.

The standards are a blend of quality statements, evidence-based tools, reflective learning exercises and quality improvement steps to help the whole community pharmacy team to self-assess, develop and continuously improve their practice to offer the best end of life and bereavement care for patients and their carers.

The RPS established a multi-professional steering group to drive forward this work, consisting of community pharmacy experts, experts within the field of palliative and end-of-life care, lay members and healthcare professionals who interact with community pharmacy. Standards drafted by the project group were consulted on widely in Autumn 2022 and subsequently re-drafted and subject to focussed stakeholder discussions.

The quality improvement standards were launched on 22nd May 2023. Within the first 2 days, 139 sign-ups had occurred. Work is underway to engage with key stakeholders, trade organisations and peer influentials to raise awareness and support implementation.

Further development work planned for 2023-4 includes

- establishment of a support network of facilitators to work with community pharmacies “on the ground”,
- quality improvement project template for Foundation Pharmacists across the UK
- negotiation with key stakeholders to deliver community pharmacy read-write access to patient records
- raise awareness of infrastructure for robust access to EOL medicines
- development of an adapted version of the standards suitable for care homes
- supporting resources e.g Carer Support Needs Assessment tool.

Summary of activity /achievements to date

- Evidence-based literature review completed
- Regular (fortnightly) core project group meeting held (including Marie Curie UK project manager)
- Key stakeholders (including CPEAG) and steering group member engagement
- Project lead presented at RPS Conference (November 2022)
- First draft standards consulted and subsequently re-drafted (Autumn 2022)
- Supporting and enabling materials identified and developed
- RPS website developed and information sharing protocol agreed with Marie Curie UK
- Joint communications plan agreed and Press release issued (Spring 2023)

Next steps

- Support for sign up and implementation through network of facilitators
- Stakeholder engagement for community pharmacy read-write access to patient record
- Publicity campaign on infrastructure to support robust access to EOL medicines
- Development of QI project template for Foundation Pharmacists
- Impact assessment and analysis
- Further research and development work
- Contractual arrangements for 2023-5 agreed (to be signed off).

Conclusion:

Ongoing development project to support improved standards of palliative and end of life care through community pharmacies across the UK. Partnership project with Marie Curie UK and in collaboration with RCGP.

Advice requested from Board:	For noting
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	At risk of not being delivered
	Delayed
√	On plan

English Pharmacy Board – 20 June 2023

Declaration of Interests

Adebayo Adegbite

- Self-employed Locum Pharmacist Director of Amados Limited.
- Locum Pharmacist -various pharmacies including Pharma Alert 24/Integrated Care 24
- PDA Union South East Regional Committee Locum Representative
- Wife - Locum Pharmacist Director -Fabb Solutions Limited
- Member of UK Black Pharmacists Association
- Member of The Pharmacist Co-Operative
- Member of the Primary Care Pharmacy Association
- Volunteer Fifth Sense charity
- NPUK member
- FIP member

Claire Anderson

- Professor of Social Pharmacy, School of Pharmacy, University of Nottingham
- Trustee Commonwealth Pharmacy Association

Danny Bartlett

- Lead Pharmacist, Horsham Central PCN (Alliance for better care federation)
- Senior Lecturer Medicines Use, University of Brighton
- Coach for Sussex Training Hub
- Member PCPA
- HEE Interprofessional and Education Fellow
- Contributor Pharmaceutical Journal
- Contributor Chemist & Druggist
- Clinical contributor Clinical Pharmacist Solutions
- Adhoc guest clinical speaker CPPE, Bayer, HEE (GP training)
- Member PDA
- Adhoc consultancy and clinical services

Emma Boxer

- Employed full time as senior lecturer in clinical pharmacy practice at the university of Sunderland

OPEN and CONFIDENTIAL BUSINESS

- Rheumatology pharmacist, Sunderland Royal hospital (one day per week - not paid by the hospital for this - on an honorary contract)

Sharon “Sibby” Buckle

- Advanced Pharmacist Practitioner, Boots UK
- Boots Pharmacists Association, Executive Board member
- Senior Director, Cairn Place Ltd
- Member of Women2Win
- East Midlands clinical senate assembly member
- Nottinghamshire ICS partnership forum member
- Ad hoc consultancy
- Contribute to media articles in pharmacy/ medical/ health press
-
- Both daughters, Junior Doctors
- Mother, retired Midwife and health visitor
- Brother, Consultant surgeon
- Brother, Dental surgeon

Ciara Marie Duffy

- Quality Manager/Qualified Person at Novartis
- Directorship - Duffy Quality Pharma Consulting
- Sister – National Lead Pharmacist Interface
- Sister – HSE Pharmacist
- Brother in law – Regulatory Pharmacist Uniphar

Thorrun Govind

- Healthcare Advisory Solicitor- Hempsons
- Locum Pharmacist-various pharmacies
- Pharmthorrun Ltd
- Pharmacist – Boots
- ProperG Ltd
- PDA indemnity
- Brother- Superintendent Pharmacist
- Father- Pharmacy Director
- Contribute to media articles in the press
- Consultancy work with companies eg Haleon
- Commonwealth Pharmacy Association- Representative for RPharms
- Member of the Law Society
- Adviser at iEthico

Brendon Jiang

OPEN and CONFIDENTIAL BUSINESS

- Senior Clinical Pharmacist, NORA PCN
- Primary Care Network Clinical Lead Pharmacist for Oxfordshire, OCCG/BOB ICS
- Medicines and Prescribing Associate, NICE
- Committee member of the Primary Care Pharmacy Association
- Member of the Guild of Healthcare Pharmacists
- Superintendent pharmacist of Wychwood Pharmacy.
- Consultancy on pharmacy development– Oxfordshire Training Hub.
- Member Unite Union
- Consultancy work for Haleon

Alisdair Jones

- Channel Health Alliance (Employer),
- member of national executive as Treasurer to the PDA Union.
- PDA Union (Honoraria)

Sarwat (Sorbi) Khattak

- Sister - Doctor - Obstetrics and gynecology SpR, PhD
- Sister - Doctor - Cardiology SpR
- Brother in Law - Anesthetics SpR
- Brother in Law - GP & Sports Medicine SpR
- Ambassador - Business & Dreams UK/Sweden
- Hourly-paid teaching fellow - University of Portsmouth
- Early careers group advisor - University College London
- Skincare scientists - co-founder (blog and non-profit consultancy)
- Limited company locum/aesthetic pharmacist director - Sorbi London Ltd
- BySorbiClinic - aesthetic pharmacist clinic (future business under Sorbi London Ltd)
- NovaTalent - Member
- Ad-hoc consultancy
- Mentor - Girls' Day School Trust (GDST)
- Personal Blog(s) - ad-hoc (partnerships and non-profit)

Michael Maguire

- Local Professional Network Chair, North Cumbria and the North East, NHS E/I
- Chair, National Forum of Local Professional Network Chairs, NHS E/I
- UK Head of Practitioners, Lifestyle Architecture
- Director, The Practical Leadership Training Company Ltd

OPEN and CONFIDENTIAL BUSINESS

- Director, CPCS Support Ltd
- Chairs various healthcare meetings (sometimes remunerated by Pharma companies)"
- various ad-hoc consultancy'

Ewan Maule

- Member of the Guild of Healthcare Pharmacists
- North East and North Cumbria NHS Integrated Care Board

Erutase Oputu

- Barts Health NHS Trust
- Member of UK Black Pharmacists Association
- Member of UK Clinical Pharmacists Association
- Member of the Guild of Healthcare Pharmacists
- Pharmacy Research UK Trustee
- Knockholt Mansions Residents' Trustee
- Member of Inclusive Pharmacy Practice Advisory Board, NHS England
- Brother works at Astra Zeneca PLC

Paul Summerfield

- Self Employed Locum Pharmacist, Sole Trader
- Visiting Lecturer, Self Employed, University of Reading
- Director, Pharmaceutical Defence Ltd, sole share holder
- Partner, Schedule Four Consultancy LLP
- Paid Member, The Pharmacist Cooperative
- Member, Industry Advisory Panel, The Pharmacy Innovation Lab

ENGLISH PHARMACY BOARD MEETING – OPEN BUSINESS

Minutes of the open meeting held on Wednesday 8th February 2023 at 12.50pm on zoom

Present:

English Pharmacy Board

Thorrún Govind (TG) Chair, Martin Astbury (MA) Vice Chair, Adebayo Adegbite (AA), Claire Anderson (CA), Emma Boxer (EM), Sibby Buckle (SB), Ciara Duffy (CD), Mary Evans (ME), Brendon Jiang (BJ), Alisdair Jones (AJ), Erutase (Tase) Oputu (TO), Michael Maguire (MM), Paul Summerfield (PS)

In attendance:

RPS Staff

Paul Bennett (PB) Chief Executive, Jenny Allen (JA) CPhO Fellow to the RPS, Corrine Burns (CB) PJ Correspondent, James Davies, Director for England, Yvonne Dennington (YD) Business Manager, England, Amandeep Doll (AD) Head of Professional Belonging; John Lunny (JL), Public Affairs Lead England, Heidi Wright, Practice and Policy Lead for England

In Attendance

RPS member observers (by zoom)

Cathy Picton, Consultant for Vision on Pharmacy Practice in England

Apologies

Ewan Maule (EM)

23.02.EPB.01	<p>Welcome and Apologies</p> <p>The Chair welcomed board members, staff, invited guests and observers to the meeting and noted apologies from Ewan Maule.</p>	
23.02.EPB.02	<p>Declarations of Interest</p> <p>The EPB noted paper 23.02.EPB.03</p>	
23.02.EPB.03	<p>Minutes of the Previous meeting on 28 June 2022</p> <p>The EPB noted paper 22.02.EPB.04 and confirmed that these minutes were an accurate record of proceedings. The minutes were approved by Claire Anderson and seconded by Adebayo Adegbite,</p> <p>There were no matters arising from these minutes.</p>	
23.02.EPB.04	<p>English Pharmacy Board Elections 2023</p> <p>The English Pharmacy Board noted paper 23.02.EPB.05</p>	
23.02.EPB.05	<p>Vision for Professional Pharmacy Practice in England</p> <p>JD introduced this item saying that he was going to focus on progress made so far on the work of the Vision and the EPB specific areas of focus. He referred the Board members to a presentation setting out progress and agreed to circulate this after the meeting. The RPS will be assembling an Oversight Group to work collaboratively with others towards the implementation of the Vision and the EPB will be key in supporting this group.</p> <p>We will be supporting pharmacy leaders in ICBs and ICSs to embrace and support the vision going forwards and The King's Fund will be helping us to take this forward. We are working with PSNC (Community Pharmacy England) with the work they are doing on a vision for Community Pharmacy including funding arrangements. The King's Fund along with the Nuffield Trust have been commissioned by PSNC to develop this vision which aligns well with the England vision work.</p>	

	<p>The GB workplan (next item) will give further context to the implementation work of the Vision</p> <p>Action 1: JD to circulate Vision presentation</p>	
23.02.EPB.06	<p>GB Business Plan for 2023 for the three country boards</p> <p>The English Pharmacy Board noted paper 23.02.EPB/07 and the supporting presentation given by JD which will be circulated after the meeting.</p> <p>JD highlighted a few areas of work from the plan including:-</p> <p>The recently awarded project from NHSE for the National Overprescribing Review – Repeat Prescribing Toolkit – this will be a joint project with RCGP the details of which are still to emerge. This work will fit into the implementation plan for the Vision – ensuring patients get the best from their medicines.</p> <p>Virtual Wards offer a strong leadership role for the RPS. NHSE has an ambitious timeline of the end of year for this work – every ICS needs to have virtual ward capacity of 40 to 50 virtual ward ‘beds’ per 100,000 population – it is important that pharmacists and pharmacy teams are involved. PB cautioned taking on work without appropriate resource.</p> <p>Independent prescribing is a key pillar of our work for 2023, working with the pathfinder sites and developing guidance. This work could help members develop referral pathways such as the contraceptive service.</p> <p>The Inclusion and Diversity strategy is now at a mid-point and is being evaluated to assess the impact it has had and to identify areas where more work needs to be done.</p> <p>The RPS has had assurance from NHSE that pharmacy is included in the Long Term Workforce Plan. We need to ensure that we build on the vision we have set out and use our voice to advocate strongly on behalf of the profession.</p>	

	<p>The Protected Learning Time policy will be launched at the beginning of March.</p> <p>JD assured the Board that work was being distributed appropriately across the country teams. He added that he was working on a delivery plan which will be shared in due course.</p> <p>JD called on the board members for feedback, some of the points raised were:-</p> <ul style="list-style-type: none">• Re the National over Prescribing review work it was highlighted how important it was to see electronic repeat prescribing as an enabler to release capacity• Protected Learning Time is important – there is a need to create a purpose for it - such as an enabler to support leadership programmes. It is also important that the whole pharmacy team is included in this policy.• The work of the Ambassadors is critical for a local presence – this should be supported by us• The vision work needs to link with the work of the Commission. JD added that delivering on the vision will demonstrate leadership.• Highlighting the need for technical services in relation to health inequalities and targeted medicines.• Career information – encouraging school children into pharmacy – JD said that the organisation is supportive of the work NHSE are doing in relation to NHS Ambassadors who are visiting schools to talk about pharmacy.• Urgent imperative for IP is to have read/write access to the patient record. Recent Coroner’s report has highlighted this issue for health professionals as a safety concern. NHSE does recognise this as a priority. RPS needs to establish whether DHSC is clear that pharmacists need write access as well as read access. Raise awareness of this with ICBs and ICSs too. <p>Action 2: JD to speak to DHSC about read/write access to records</p> <p>Action 3: JD to circulate GB business plan presentation</p> <p>Action 4: Put 1st slide of the workplan on the EPB webpage</p>	
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23.02.EPB.07	Dates of next NPB/EPB meetings: Dates for meetings in 2023 are 20 June – face to face - induction and working day for England and Wales only 21 June – zoom meeting 20 September – zoom meeting 9 th November – face to face in London	
23.02.EPB.08	Close of meeting at 14.20pm	

Action List

Item	Action	By Whom	Open/Closed/Comments
23.02.EPB.05	Action 1: JD to circulate Vision presentation	JD	Closed – circulated with Friday 10 Feb email
23.02.EPB.06	Action 2: JD to speak to DHSC about read/write access	JD	Open
23.02.EPB.06	Action 3: JD to circulate GB business plan presentation	JD	Closed – circulated with Friday 10 Feb email
23.02.EPB.06	Action 4: Put 1 st slide of the workplan on the EPB webpage	Team	Open

National Pharmacy Board meeting – 21 June 2023

Title of item	Advance Clinical Checks
Author of paper	Heidi Wright
Position in organisation	Practice and Policy Lead, England
Telephone	02035722344
E-mail	heidi.wright@rpharms.com
Item to be led at the meeting by	James Davies
Headline summary of paper	Advance Clinical Checking has been raised as an issue and views of the Board are sought to help guide RPS Policy creation.
Purpose of item (decision / discussion)	For discussion
For consideration	<ul style="list-style-type: none"> • Does the bord have a view on advance clinical checks. • Are advance clinical checks appropriate? • If so, in what circumstances would advance clinical checks be appropriate?
Risk implications	The RPS requires a policy position on this. In the absence of clarity other organisations may define practice at odds to RPS advice.
Resource implications	Staff time

Advance Clinical Checks

The Board is asked to consider and discuss advance clinical checks and the extent to which the RPS should consider this area.

Questions for consideration:

- Does the board have a view on Advance Clinical Checks?
- Are advance clinical checks appropriate?
- If so, in what circumstances would advance clinical checks be appropriate?

What we are looking to achieve.

RPS need to come to a clear policy position on this topic in order to provide further clarity in professional guidance as appropriate.

Background:

An advance clinical check refers to a practice where pharmacists perform an initial clinical check on NHS repeat prescriptions. This clinical check is then relied on to cover multiple repeat supplies issued on future dates. This has become an increasingly common practice, and as a result a clinical check isn't always carried out at each and every supply.

In February 2023 the Pharmacists Defence Association (PDA) issued [advice](#) to its members around advance clinical checks. They raised concerns about who would be responsible for any errors that occur with an advance clinical check. They are concerned that the patient's health and other material factors may have changed since the initial clinical check and may not be taken into account.

The PDA stated that

The PDA calls upon the GPhC, PSNI and the RPS, to meaningfully engage with pharmacists to reiterate, enforce and where necessary strengthen the regulatory standards and professional guidance relating to the requirement that a pharmacist clinical check must be undertaken before the supply of each prescription including repeats, so that pharmacists can be confident they are practising in a way that maintains patient safety at all times and is in line with the standards generally accepted in the pharmaceutical profession.

They go on to say that:

- *The PDA urges pharmacists not to participate in processes where a single clinical check applies to future repeat supplies.*

- *Pharmacists should continue to clinically check each supply of a medicine including repeats as such a procedure maintains patient safety and reduces the risk of exposure to liability for individual pharmacists.*
- *Pharmacists are advised to raise any outstanding concerns with the Superintendent Pharmacist in the first instance. The PDA can assist should there be any dispute or attempted enforcement of the procedures against the responsible pharmacist's professional judgement.*

We are aware that, in practice, a clinical check does not always occur at the time of dispensing of each and every prescription. A clinical check is more likely to happen if a person's medicine changes or if a medicine is stopped or started. It is common not to conduct a clinical check when material factors have not changed since the initial supply.

In February 2023 RPS updated their guidance on [Clinical Checks](#). This does not currently cover the issue of an advance clinical check.

In March 2023 the question was discussed at the Community Pharmacy Expert Advisory Group. There was a rich discussion with many members of the group able to share their experiences of using digital innovation to support clinical checking in advance. The expert group discussed the need to foster trust between pharmacy professionals and it was felt that this trust included not having to double check work that has already been completed by colleagues. This would enable pharmacists to focus on the patients with the greatest need of interventions and time.

The group believed that the RPS should support innovation and actions that help to improve patient safety, enabling the workforce to focus on the roles that they need to undertake for their patients.

As a result, the group concluded that there were occasions where an advance clinical check would be appropriate, if supported by technology and other safeguards, as is current practice.

Next steps:

RPS are seeking a meeting with PDA and GPHC to discuss

1. Details/data of the risk to patient safety
2. The legal situation, and being responsible in-law for the actions of others
3. The role of the pharmacist in relation to clinical check

Recommendations:

The board is asked to consider the views outlined here and share their feedback on the advance clinical checks.

Briefing on access to records by community pharmacy professionals in England

We are asking for full read and write access to electronic patient records for registered pharmacy professionals in the interest of high quality, safe and effective patient care.

Introduction

Securing read and write access to electronic patient records for pharmacists has been an ongoing campaign for RPS. In September 2014 RPS published a [position statement](#) on pharmacist access to the patient health record which was followed by RPS [policy](#) in September 2015. Both documents called for all pharmacists to have full read and write access to the patient health record in the interest of high quality, safe and effective patient care.

Since 2015 there has been progress, with pharmacists in all care settings now being able to access the Summary Care Record (SCR) with the patient's consent. There is also the ability to use it in an emergency without consent when in the pharmacy professional uses their judgment that it is in the patients best interest. However, in this modern day of information sharing, and with the greater clinical role that pharmacists are playing in patient care, this does not go far enough.

Data to support patient care is being held across various technologies. Pharmacy professionals must be able to write to all systems that hold information that is being used to support patient care. There needs to be a proportionate and standardised approach to the governance around the access to patient data. Whilst we need to safeguard the access to patient data, as regulated professions, pharmacy professionals must abide by the same governance and standards as doctors and others accessing patient information.

It is important to note upfront that in terms of development of IT systems within community pharmacy, there has not yet been a framework in place for pharmacy IT, in the same way that there has been for General Practice (i.e. GP IT Futures). The NHSE Transformation Directorate, along with other departments at NHSE, NHS Digital and the NHSBSA, must be adequately resourced to conduct work to enable community pharmacy IT professionals to have sufficient IT infrastructure in place ahead of the launch of new NHS services. Doing so will free-up more time for pharmacists to spend with patients, which will help ease the pressure on other parts of the health service in the long run.

The RPS are working with other pharmacy organisations on the following areas:

- Summary Care Records (SCR)
- SCR Additional Information (SCR AI)
- National Care Records Service (NCRS)
- Shared Care Records (ShCR)
- GP Connect
- Records standards e.g. the Core Information Standard produced by the Professional Record Standards Body

Summary Care Records (SCR)

Figures from 2020 show that the average community pharmacy accessed a patient's SCRs at least once a fortnight, a rise in views versus the years leading up to that. There are a number of reasons why pharmacies may, or may not, be accessing the SCR more frequently including:

- many records are now in separate 'IT portals' which might have been and might be a necessary interim stage (prior to maturity and integrated info), and separate IT portals are burdensome to access
- limitation with the number of desktop terminals
- limitation with being able to view records on mobile devices (although the National Care Records Service (NCRS) seeks to be mobile ready)
- community pharmacy may have enough information in their own records for many of their regular patients'
- records are not particularly useful for clinical services (which are starting to grow) as they don't have enough information within the summary
- there remains a belief, because of initial training for SCR which was excessively focussed on privacy, that SCR should be used only in outlier cases
- the information governance model for SCR needs to be reformed

Every SCR access is an important one and each one brings benefit to patient but that the SCRs need to provide a better patient experience. There are thousands of SCR accesses every month and pharmacy teams report some of these prevent patients needing to access GP and A&E, and some have had significant clinical impact on the lives of their patients, helping to keep them safer from greater harm.

SCR Additional Information (SCR AI)

Currently the standard is access to the SCR AI. SCR AI includes information such as significant medical history (past and present), reasons for medication, anticipatory care information (such as information about the management of long-term conditions) end of life care information and immunisations over and above the SCR. RPS and CPE [wrote to key personnel](#) at NHSE and NHS Digital / Transformation in November 2020 asking for SCR AI to become indefinite, following its available access during the pandemic. However, unfortunately this access still isn't yet confirmed as indefinite. The undetermined state of the national policy around this, means that access to this information is open to change at relatively short notice.

Shared Care Record (ShCR)

Primary care professionals, including community pharmacists, have been creating electronic records of their interactions with patients for many years. In the past, the NHS had considered creating a national comprehensive records system, which would collate information from different care settings.

However, following the publication of the NHS Long Term Plan, the NHS refocused instead on expanding the number of ShCR projects being undertaken across England.

Each of the 42 Integrated Care Systems (ICS) are required to have a ShCR. It is also now a requirement that ShCR project teams make ShCR records available for community pharmacy, dental and optometry providers to connect to the local ShCR.

Shared care records pull together patient information from several sources, including GP and hospital records, to create a single 'system view' for clinicians that can be accessed in one place. In time, the ambition is for pharmacy systems to be able to display medicines and other information with ShCRs and for more health professionals across different settings to have the ability to share the patient records held in their local clinical systems via ShCRs.

The Community Pharmacy IT Group [produced a paper in 2022](#) which outlined why pharmacists needed access to wider Shared Care Records and the benefits this would bring.

Access to ShCRs is required to improve the flow of information so that people in local health and care systems can be better cared for. Ideally ShCRs should be within the clinical system that pharmacy teams are using (or as an interim solution with integrated 'one click' access to the ShCR system) and show the most relevant information for pharmacy team users.

Some progress has been made:

- Community pharmacies are now accessing ShCRs in some areas of England, including Dorset¹ and East London.
- At least 50 of around the 70 English Local Pharmaceutical Committees (LPCs) said they had some engagement of some kind with their local ShCR project. 5 LPC areas previously confirmed they were within a pilot or early rollout phase – but this is likely a little higher in reality

In order to access a Shared Care Record, community pharmacy professionals require connection into: Summary Care Record (SCR) with Additional Information; Access to relevant parts of the GP record; Access to Shared Care Record (ShCR) and other relevant records.

Generally, the current rollouts local ShCR systems into community pharmacy localities has been via IT portals rather than via an integrated system. The pharmacies that are accessing it have helped create an important precedent which has empowered more ShCR projects from opening ShCR to pharmacy.

Access to records by community pharmacists is slowed by a lack of progress in some specific areas such as:

- Technical whitelisting by ShCR and by pharmacy and their IT support. Whitelisting websites is the practice of explicitly allowing some identified websites access. Some pharmacy contractors will have their IT support maintain whitelists for websites and web domains which may require access. Where required pharmacy suppliers, aggregators or NHS Digital HSCN may also need to whitelist certain websites and record system domains for pharmacy access
- Differing Information Governance and training requirements from accessing SCR
A 'Permission to view' framework was established to enable access to SCR. However, those providing direct care should not require direct separate consent from patients to view their Information. Transparency is important and patients can be made aware about ShCRs and which professionals have access to these. Patients expect their nominated NHS pharmacy to have access to NHS medicines information. NHSE Transformation Directorate's IG framework for ShCRs indicated patients receiving NHS care expect clinicians to use relevant parts of the clinical record, and there is already implied consent and not the need for capturing separate https://transform.england.nhs.uk/information-governance/guidance/summary-of-information-governance-framework-shared-care-records/
- IT standards. There is a lack of a detailed coded common IT standard sitting under all records or even under all ShCR systems. There is a PRSB core information set, which is the standard. However, this is not comprehensive and many ShCRs don't fully align to this standard. This core information set is also not yet sufficiently coded in a way that IT system programmers can use, and that would mean an IT supplier that integrated with one ShCR system could easily integrate with any other. Furthermore, the NHS needs to commission records APIs for system suppliers so they can 'plugin' to records systems where appropriate in a standardised way.

Onboarding to these ShCR systems should be co-ordinated, and aligned, so that access to one system would provide evidence of conformance to information governance, security and governance principles for all ShCRs.

¹ [How a community pharmacist uses the Dorset Care Record during one week – Dorset Care Record](#)

A list of ShCRs and electronic health record systems that are being used can be found at <https://cpe.org.uk/digital-and-technology/electronic-health-records/electronic-health-records-list/>

National Care Records Service (NCRS)

NCRS is a service that allows health and care professionals to access and update a range of patient and safeguarding information across regional Integrated Care Services (ICS) boundaries. The service provides a summary of health and care information for care settings. The service is a web-based application and can be accessed regardless of what IT system an organisation is using and is the improved successor to the Summary Care Record application (SCRa). It enables any authorised clinician, care worker and/or administrator, in any health or care setting, to access a patient's information to support that patient's direct care.

It includes access to more than 57.5 million Summary Care Records with patient additional information. It also enables users to view over 450,000 care plan records via the National Record Locator.

NCRS should be used:

- where access to a summary of key patient information is required to support clinical decision making where full detailed patient records are not required
- to compliment local shared records by giving access to key patient information across ICS boundaries where a local shared care record is not available currently

We want to ensure pharmacy professionals have read and write access to the NCRS as it progresses.

GP Connect and its records functionality

GP Connect is an NHS technology project that enables the IT from one GP or another health organisation interact with the IT with a different GP. This could relate to appointment IT, and it could also relate to records IT. The GP Connect records functionality approach is that the IT facilitates IT system suppliers being able to enable their clinician users relevant access to patient information in the GP record. It can be seen as a 'stepping stone' prior to full Shared Care Record (ShCR) integrated information within pharmacy clinical systems. GP Connect is a more 'achievable' goal for a larger number of pharmacies at this time. The GP Connect programme is a national programme supported by a developed system which can allow clinical system suppliers to pull certain info from the patient's record which the GP has. GP Connect is therefore in some ways more limited than ShCR and is not yet allowing a supplier to pull info direct from, for example, secondary care records. GP Connect 'Update Record' functionality could also allow specified information to be updated.

GP Connect is therefore able to allow authorised clinical staff to share and view GP practice clinical information and data between IT systems, quickly and efficiently. It is currently being used in 97% of GP practices, and in NHS111 to both view patient records and to book appointments.

GP Connect allows data sharing for direct care via Application Programming Interfaces.

The NHS Digital 'GP Connect' IT standards system (and GP Connect Access Record programme) was originally setup for use within the GP Sector but its scope has been broadened and other parts of health and care can now integrate with these records.

GP Connect Access Record info relates only to GP record. The GP sector may be the ultimate decider about whether / when data sharing occurs. The direction of travel has been the GP sector broadly seem to have been willing to support growing use of records to improve patient outcomes. Pharmacy access to records for example is believed to reduce the need for pharmacies to confirm and clarify information by querying GP practices via phone, email etc.

GP Connect enables the use or sharing of NHS GP appointments information. The same standards could also be used by other sectors in the future.

There is a consensus amongst pharmacy bodies that GP Connect could enable better access to shared information across the system if it were to allow sharing of information across and between other sectors rather than only through the GP record.

ShCR records are broader with multi sectors populating and accessing it.

Product Feature	GP Connect	SCR	ShCR
Real Time Access – Data is up to date at the point of request for consumption	✓	✗	✓
Access From Within Clinical System	✓	✗	✓
Patient Summary Page – active problems and issues, current medication, current repeat medications, current allergies and adverse reactions, last three encounters	✓	✗	✓
Consultation – Encounters	✓	✓	✓
Problems	✓	✓	✓
Clinical Areas	✓	✓	✓
Current/Repeat/Past Medications	✓	✓	✓
Allergies and Adverse Reactions	✓	✓	✓
Immunisations	✓	✓	✓
Uncategorised – Administrative Items/Clinical Items/ Observations	✓	✓	✓
Documents – available through GPC where supplier has developed ‘Access Documents’ specification	✓	✗	✓
Info direct from sectors beyond GP?	✗	✗	✓

We are aware that there are early discovery pieces looking to populate the SCR/NCRS via a GPConnect approach, so that the record view would be “live” data rather than the “dated” summary that NCSR/SCR currently provide. Pharmacy needs to be part of these activities and discovery pieces so it can be defined what data from the GP record should be utilised in pharmacy.

We believe that GP Connect should be re-branded, for example, as Healthcare Connect or equivalent. In addition, GP Connect record IT standards should be aligned to those IT standards used by Shared Care Record (ShCR) systems.

Future NHS aspirations:

The RPS and the Community Pharmacy IT Group continue to advocate on behalf of pharmacy for access to records to deliver care. In June 2022 [Data saves lives: reshaping health and social care with data](#) was published, which includes commitments to:

- investing in secure data environments to power life-saving research and treatments
- using technology to allow staff to spend more quality time with patients
- giving people better access to their own data through shared care records and the NHS App

This document also commits to giving health and care professionals the information they need to provide the best possible care. This will include:

- systems that provide quick and easy access to information about the individuals in my care, even if they have been treated or supported elsewhere. This will:
 - give me the data to make the right decisions and recommendations about their individual care
 - reduce the time looking for information so I can spend more time with the individuals I am caring for
- all relevant information about individuals in my care, including if they wish to share information about their sleep or physical activity from wearable devices, so I can have informed conversations about their individual care
- confidence about when and how I should access data, giving me the assurance that I am respecting data privacy so that I feel empowered to access data for the benefit of individuals in my care and for the running of the system, such as for wider population health and proactive care
- full information about other professionals or unpaid carers involved in supporting individuals in my care so that I understand the whole situation and I can have the right conversations about care

The recently published [Delivery plan for recovering access to primary care](#) states that

“As part of the new funding and to ensure the highest standard of care for patients, we will invest to significantly improve the digital infrastructure between general practice and community pharmacy. NHS England will work with community pharmacy suppliers and general practice IT suppliers to develop and deliver interoperable digital solutions. These will streamline referrals, provide additional access to relevant clinical information from the GP record, and share structured updates quickly and efficiently following a pharmacy consultation back into the GP patient record. These IT improvements will improve existing and future services; for example, by allowing GP patient records to be updated following supply of oral contraception or a blood pressure consultation in community pharmacy”.

We welcome the commitment for additional investment in digital infrastructure and pharmacy needs to be included in this investment.

Scottish Pharmacy Board

Updated June 2023

Declaration of Interests

W Iain Bishop

- Member, RPS Scottish Pharmacy Board
- Scottish Public Pensions Agency – NHS Pension
- Fellow, UK Faculty of Clinical Informatics
- Managing Director: 2Bishops Consulting Ltd
- Regulatory Compliance Manager, MyWay Digital Health Ltd
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Tamara Cairney

- Pharmacist in NHS Greater Glasgow and Clyde, Renfrewshire Health and Social Care Partnership
- Husband is a civil servant working for the Scottish Government
- Member, RPS Scottish Pharmacy Board
- Sister is a staff nurse in NHS Greater Glasgow and Clyde, Royal Hospital for Children, Glasgow

Andrew Carruthers

- Clinical Quality Lead – Scottish Ambulance Service
- Chair, RPS Scottish Pharmacy Board (2021-)
- Self-employed, community locum pharmacist
- Chair, RPS Community Pharmacy Consultation Service

Omolola (Lola) Dabiri

- UKBPA Lead for Scotland & Northern Ireland - 2019 till date
- RPS Grampian Local Coordinator – 2018
- Co trainer NHS24 - IP training Boot camp, NES- 2018
- Toast Master International - VP Education 2016-2017
- Member, British Lifestyle Medicine Association - 2019 - till date
- Speaker, Encapsulate Solution – delivering Health Information to the community
- Speaker, various forums –including C&D, GPHC, RPS re Equality, Inclusion & Diversity
- Superintendent Pharmacist & Director, Alpha Pharmacy & Clinic (A private pharmacy)
- Lead Pharmacist, GMEDs
- Locum Pharmacist

Lucy Dixon

- Member, RPS Scottish Pharmacy Board
- Pharmacist employee, NHS Highland
- Co-contractor (with husband), Dornoch Pharmacy Ltd
- Co-contractor (with husband), Mitchells Chemist Ltd
- Share-holder, Dornoch Pharmacy Ltd
- Share-holder, Mitchells Chemist Ltd
- Secondment to Effective Prescribing and Therapeutics Division of Scottish Government

Kelsey Drummond

- Honorary Life Member, British Pharmaceutical Students' Association (BPSA)
- Member, RPS Scottish Pharmacy Board
- Member, NES Learner Reference Group
- Bryony Drummond (sister), Senior Practice Pharmacist, NHS Fife
- Rotational Pharmacist, NHS Fife

Josh Miller

- Pharmacist, NHS Greater Glasgow & Clyde and NHS NES
- Member, NHS GGC Area Pharmaceutical Committee
- Member, NHS GGC Pharmacy Contractors' Committee
- Member, RPS Scottish Pharmacy Board

Richard Shearer

- Lead Pharmacist, Advanced Clinical Services, NHS Lanarkshire
- Professional Secretary and member, SP3A Practice Pharmacy Sub-group
- Member, NHS Lanarkshire Area Pharmaceutical Committee
- Member, RPS Scottish Pharmacy Board

Catriona Sinclair

- Member, RPS Scottish Pharmacy Board
- Member, Community Pharmacy Scotland Board (since May 2013)
- Vice Chair, NHS Highland Area Clinical Forum (since 2018)
- Chair, NHS Highland Area Pharmaceutical Committee (since 2015)
- Chair, Community Pharmacy Highland (since 2012)
- Lead negotiator, committee local pharmaceutical services with NHS Highland
- Royal Pharmaceutical Society, LPF lead for Highlands and Western Isles (2010-2014)

Jacqueline Sneddon

- Member, RPS Scottish Pharmacy Board
- Programmes Manager, British Society for Antimicrobial Chemotherapy
- RPS - Chair of Antimicrobial Expert Advisory Group (AmEAG) and member of Science and Research Committee (formerly Science and Research Board)
- 2018 to 2021, member of RPS AmEAG 2016-2018
- UKCPA - Chair of UKCPA Pharmacy Infection Network 2015-2018, committee

- member of UKCPA Pharmacy Infection Network (Standards lead) 2013-2015.
- Assessor for RPS Consultant Pharmacist Credentialling Committees 2022 to date.
- Expert adviser for research projects on antimicrobial use with several universities (Strathclyde, Dundee, GCU, Manchester, York)

Jill Swan

- Member, RPS Scottish Pharmacy Board
- Member, Faculty of the Royal Pharmaceutical Society (Advanced Stage II)
- Member, UKCPA
- Professional Secretary to Directors of Pharmacy (Strategic Framework Development)
- Director, Spa Pharmacare Ltd
- Director, CPS Service Ltd
- Director, Community Pharmacy Scotland

Audrey Thompson

- Member, RPS Scottish Pharmacy Board
- Member NHSGGC Area Pharmaceutical Committee 2015-2021; chair 2015-2019, vice chair 2019-2021
- Member NHSGGC Area Clinical Forum Committee 2015-2021; chair 2017-2021
- Member NHSGGC Area Drugs and Therapeutics Committee 2004 - present; Chair Communications subcommittee 2004 – 2016
- Member Scottish Practice Pharmacist and Prescribing Advisers' Leadership group 2015 - present
- Manager Glasgow 2014 Commonwealth Games Athlete Village Pharmacy

Updated: 21 June 2023

SCOTTISH PHARMACY BOARD MEETING

Minutes of the open business meeting held on Wednesday 8 February 2023. The meeting was held on Zoom.

Present:

Andrew Carruthers (AC) Chair, Catriona Sinclair (CS) Vice Chair, Tamara Cairney (TC), Omolola (Lola) Dabiri (OD), Lucy Dixon (LD), Kelsey Drummond (KS), Richard Shearer (RS), Jacqueline Sneddon (JSneddon), Jill Swan (JSwan) and Audrey Thompson (AT).

RPS Staff

Ross Barrow (RB) Head of External Affairs, Scotland, Paul Bennett (PB), CEO (part of meeting), Corrine Burns (CB) PJ Correspondent (part of meeting), Neville Carter (NC), Chief Education and Membership Officer (CEMO) (part of meeting), Carolyn Rattray (CR) Business Manager, and Laura Wilson (LW) Director for Scotland.

Apologies

Iain Bishop (IB)

Josh Miller (JM)

Jacqueline Sneddon (JS) – part of the meeting

Lucy Dixon (LD) – part of the meeting

23.02/SPB/01.	Welcome and apologies Chair: AC, Led by: AC AC welcomed RPS staff and BMs to the SPB Open Business meeting; welcoming Laura Wilson (LW) to her first meeting as Director for Scotland. Apologies were received from IB and JM.	
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	<p>JSneddon – had given notice that would need to leave the meeting for a short while but would return.</p> <p>LD – had given notice that would only be able to attend part of the meeting.</p>	
23.02/SPB.02.	<p>Declarations of interest (Paper: 23.02/SPB/02) Chair: AC, Led by: AC</p> <p>JSwan: Director, Brush Box Ltd, remove from declaration of interest. CR to action.</p>	CR
23.02/SPB/03.	<p>Minutes and matters arising (Paper: 23.02/SPB/03) Chair: AC, Led by: AC</p> <p>The SPB noted paper 23.02/SPB/03C and confirmed that these minutes were an accurate record of proceedings.</p> <p>The minutes were approved by Tamara Cairney and seconded by Audrey Thompson.</p>	
23.02/SPB/04.	<p>Planning for events Chair: AC, Led by: LW</p> <p><u>RPS Fellows' event – 22 March 2023.</u> This event is at the request of Christine Bond (CB), Chair of the RPS Panel of Fellows. It is recognised that an RPS Fellows' event is held in London but that, with travel restrictions, not all Fellows can attend this event and so, it is intended that to hold events for Fellows in Scotland and Wales. It is hoped that this event will provide opportunities for Fellows to engage with RPS Scotland activities and to input into the Scottish work plan and proposed events, sharing their expertise and experience.</p> <p>There will be a celebration in the evening with the presentation of the Charter Award to Jonathan Burton FRPharmS.</p>	

	<p>Team Scotland is to meet with CB on 13 February to consider and finalise plans for the event.</p> <p><u>RPS Scotland 'Best Practice' event – 21 May 2023.</u> From the positive feedback from the 2022 event, it was clear that there is an appetite for a similar event in 2023. Strathclyde Institute of Technology and Innovation has been booked provisionally and a draft agenda for the day is being developed in collaboration with teams across RPS.</p> <p>This event will be for both Members and non-Members; non-Members will be charged a fee unless they have been invited to present. A hold the date has been sent out.</p> <p>RPS Scottish Regional Ambassadors to support this event.</p> <p><u>Events in the Scottish Parliament.</u> Plans, to date, include a joint event with the Royal College of General Practitioners (RCGP) and one solo RPS event. Information regarding these events to follow in due course.</p> <p><u>Webinars.</u> A series of webinars are being developed for the year with one on Health Inequalities taking place at the end of February 2023.</p> <p><u>European Symposium, Aberdeen – 31 October 2023.</u> RPS Scotland has been invited to develop a workshop for this event.</p> <p><u>RPS Annual Conference – 10 November 2023.</u> There was a discussion regarding the format of the RPS Conference; would it be a hybrid model and would there be opportunities for the Conference to move around the three countries? Options are being considered to make the Conference more accessible to all RPS Members.</p>	CB/Team Scotland
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	<p>NC noted that the intention is to plan ahead, over multiple years; noting that ‘the last slide of the current event should introduce the next one’.</p> <p>Groups are to be established to support activities, e.g. agenda setting, professional value and professional promotion; the intention is that there will be a representative from each of the NPBs on each of the groups.</p> <p>RPS is now at the stage where a coordinated series of events can be developed and implemented across GB which will recognise and reflect the requirements of individual nations. BMs to input ideas for potential future events which would be of interest to members.</p> <p>Action: SPB to consider representation on each of the groups, e.g. agenda setting. Action: BMs to submit ideas for potential future events.</p>	<p>SPB SPB</p>
<p>23.02/SPB/05.</p>	<p>Scottish workplan – specific asks or areas to work on Chair: AC, Led by: LW</p> <p>LW shared the Scottish work plan infographic, noting that some areas of focus will require more resource. The work plan is focussed around the Scottish Pharmacy 2030 Vision but aligns with the English and Welsh Visions. Area of focus for RPS include:</p> <ul style="list-style-type: none"> • Independent Prescribing (IP) • Sustainability – LW has been invited to present in Copenhagen to promote RPS work on sustainable prescribing; work on this is continuing with RCGP and SIGN to make sustainable prescribing a reality. RPS Scotland is also involved in a project with Sharon Pflieger and SIGN to develop a greener formulary. Part of the project will be to involve the BNF. • Pharmacogenomics • Health inequalities (HI) – LW and RB attended an event at the Scottish Parliament (7 February); the event focussed on HI in prisons. An RPS webinar on HI is planned for the end of February 	

- **Strengthening** pharmacy governance
- **Workforce wellbeing** - Protected Learning Time is on the agenda for LW to discuss with the Scottish Chief Pharmaceutical Officer at their meeting on 9 February.
- **Inclusion & diversity (I & D)** – Amandeep Doll (AD) leads on I & D and Scotland feeds into the work stream. keen for more input from Scotland and Wales. AD supported a Scottish round table on disability at the Scottish Parliament
- **Political engagement** – Looking to link the themes within Pharmacy 2030 with the priorities of Scottish Government.
- **Scottish Clinical Fellow** – Intention to recruit and Scottish Clinical Fellow. Funding for a Scottish Clinical Fellow will be available later in 2023

Cross-cutting themes include:

- **RPS Expert Advisory Groups (EAG)** – Work is ongoing to explore how ‘to make them more joined up; to tap into the expertise of these groups to support RPS workstreams. It is envisaged that a BM representative from each NPB will attend each of the EAG meetings and will report back to respective NPBs to ensure that the Boards are aware of the work being carried out and can seek advice.
- **RPS Regional Ambassadors** – Scotland has recruited two out of three ambassadors; there is still a vacancy in the North of Scotland. Regional Ambassadors will work with the country teams to support regional events, in particular, the *Best Practice* event, taking place in Glasgow in May.

Scotland’s focus will be around its Vision for Pharmacy 2030 and key themes will be drawn from it. BMs were invited to share thoughts on how to implement the Scottish plan and put it into practice.

The work plan includes linking in with work in the Scottish Parliament, particularly around Women’s Health. A new Minister for Women’s Health has been appointed and it is hoped that RPS will meet with the Minister in the near future; this is timely as there is a new community service focussing on Women’s Health.

Visits to Health Boards and the two Schools of Pharmacy (SoP) are being planned. A visit to Strathclyde SoP has been confirmed.

LW is the Lead Director (GB) for Independent Prescribing and also Health Inequalities and supports the sustainability workstream. There is potential for RPS to lead on a greener pharmacies project. EJ and LW will submit a tender for this.

It is likely that RPS Scotland will have a Scottish Clinical Leadership Fellow later in the year; funding for this starts in August and it will depend on when the recruitment process starts.

PB and CB joined the meeting and were welcomed.

Board members were asked for comment and feedback:

- AC joined the round table on disability and welcomed AD's expertise. Although AD's role sits within the English Team; AC was reassured that AD's role covers the whole of GB. AC keen that remote and rural issues are considered, particularly in Scotland where, geographically, most of the population is based in the Central Belt, leaving vast areas where remote and rural issues are very relevant.
- CS noted that rural deprivation is quite significant in Scotland. The Scottish Government (Scot Govt) is funding a number of Health & Social Care Partnerships to conduct project and path finding work for the new National Care Service. There is a focus on rural and health inequalities; there is a danger that the different types of inequalities become siloed. Caution is required around looking at inequalities in isolation.
- Sustainability in pharmacy – input into the sustainability agenda in a different way – working with manufacturers to reduce waste. There are many hurdles but RPS has started the conversations. PB confirmed that the Science & Research Committee meet on 7 February and the re-use of medicines was on the agenda; this will be a priority for the S & R Committee in 2023.
- PLT- There is a Scot Govt group looking at PLT for GP practices; the Cab Secretary had made a commitment to this. The group is looking for a pharmacist to participate. AT to send the details to LW. JS noted that at a recent National Acute Pharmacists Group

	<p>meeting held at RPS, PLT was considered and is to be discussed further at the next meeting.</p> <ul style="list-style-type: none"> Expert Advisory Groups (EAG) - The EAGs were established to provide advice and expertise to the NPBs and also RPS teams. It was suggested that the terms of reference for the EAGs should be reviewed to ensure a clear understanding of the remit of the EAGs. AC/LW to consider best approach with English and Welsh colleagues. <p>Action: Scotland team to consider remote and rural issues (including rural deprivation) which can also lead to health inequalities.</p> <p>Action: AT to send details of the Scot Govt Group looking at PLT for GP practices and the requirement for a pharmacist to sit on the group.</p> <p>Action: EAGs – AC/LW to consider terms of reference with English and Welsh colleagues to ensure clarity of purpose for the EAGs.</p>	<p>Team Scotland</p> <p>AT</p> <p>AC/LW</p>
<p>23.02/SPB/06.</p>	<p>RPS expert representatives – plan for the future Chair: AC, Led by: LW</p> <p>A list of RPS expert representatives had been established but is now obsolete and needs to be updated. JSwan has agreed to lead on this, working with the Chair of the DoPs Group and Specialist Interest Groups to build a comprehensive database of experts. Input from all SPB members would be welcome. LW to share the existing list with the SPB. The subject of where the database should sit requires consideration regarding GDPR issues</p> <p>Action: JSwan to lead on the compilation of a database of experts and SPB to input to ensure a current list of experts who can advise and represent RPS when required.</p>	<p>LW/SPB</p>
<p>23.02/SPB/07.</p>	<p>Any other Business Chair: AC, Led by: LW</p> <p><u>Media training.</u></p>	

	<p>Board members were encouraged to take up the opportunity of media training; it is important that Scotland and Wales 'have a voice'.</p> <p>CS, OD, AT, JSwan and LD expressed interest in media training. LW to check the budget and terms of training.</p> <p>PB thanked BMs for their interest in media training.</p> <p>Action: LW to check terms of training, e.g per person or per group and also the budget for media training.</p> <p><u>2022 MSP Survey results.</u> This is a report that RPS in Scotland commissions each year to measure MSP awareness of the Society, its favourability and standing. In summary:</p> <ul style="list-style-type: none">• RPS Scotland is doing well and regard has never been more favourable (this helps with sponsorship).• Members are noticeably more likely to say they know a fair amount or more about RPS than at this time last year.• MSPs are more likely to say they think favourably of the Society than at this time last year. In fact, regard has never been higher.• No-one has reason to think unfavourably of the Society.• 83% of the Health Committee Membership are satisfied with contact from the Society. <p>CS noted that the media training will support engagement with MSPs.</p>	LW
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meeting closed at: 15:00

June 2023

Welsh Pharmacy Board - Declarations of Interest

Cheryl Way

- Digital Health and Care Wales
- Hayes Point RTM Company Ltd
- Guild of Healthcare Pharmacists
- International Pharmaceutical Federation
- UK Faculty of Clinical Informatics
- . Chair of Welsh Pharmacy Board

Richard Evans

- Self Employed Pharmacist
- Director of Llandysul and Pont Tyweli Ymlaen Cyf
- Member of Pharmacist Defence Association (PDA)
- Occasional Media work
- Member of PDA Union
- Member of PDA Union Executive Group

Dylan Jones

- Director of Howe Pharmacy
- Pharmacy Manager DL and CV Jones (Agricultural business).
- Vice Chair of Governors Ysgol Trebomen.
- Governor at Ysgol Calon Cymru
- Independent CPW representative for Powys AWPAG.
- Deputy Member AWMSG.

- Member of Wales Board RPS.

Eleri Schiavone

- Welsh Health Specialised Services Committee - NHS Wales hosted by CTMUHB

- Executive Board Member: Pharmacy Delivering a Healthier Wales
- Board Member: All Wales Medicines Strategy Group
- Member of All Wales Medicines Strategy Group Steering Committee
- Member of the Welsh Pharmacy Board

Geraldine McCaffrey

- Principal Pharmacist Betsi Cadwaladr University Health Board

- Member Pharmacy Delivering a Healthier Wales

- Member - UKCPA.

Member, National Pharmacogenomics Group Wales

- Member – Unite the Union/Guild of Healthcare

- Pharmacists.

- Vice Chair – Pharmacy Research Wales

. Vice Chair – Welsh Pharmacy Board

Helen Davies

- Pharmacist Team Leader for Education, Training and Workforce Development in Primary Care. Cwm Taf Morgannwg University Health Board from March 2018.

- From March 2018 to February 2021 - HEIW teaching sessions (cardiology)

- Sessions from 2011 onwards

- Member of UKCPA

- Member of PCPA

- Cwm Taf Morgannwg UHB representative for AWPAG

Gareth Hughes

- GRH Pharma Ltd

- Director of GRH Pharma Ltd (t/a Tynewydd Pharmacy)

- Board Member of Community Pharmacy Wales

- Member of Welsh Pharmaceutical Committee

- Member of the Faculty of Clinical Informatics
- Community Pharmacy Cluster Lead for Rhondda
- Member of Community Pharmacy Microsoft Office 365 Project Board
- Member of the Pharmacists' Defence Association

Rhian Lloyd – Evans

- . Medication Safety Officer – Aneurin Bevan University Health Board
- . Members of All Wales Medication Safety Network
- . United Kingdom Clinical Pharmacy Association (UKCPA)

Lowri Puw

Fferyllwyr Llyn Cyf.

Liz Hallett

.ABHU

. PDA Union Member

. PCPA Member

Rafia Jamil

Prince Charles Hospital (CTM): lead Pharmacist Education and Training

Panel Member - Supported Lodging for Young people (Powys County Council)

Locum Pharmacist

Jodie Gwenter.

Swansea Bay University Health Board

WELSH PHARMACY BOARD MEETING

Minutes of the open business meeting held on Wednesday 8th February 2023 by Zoom.

Present:

Welsh Pharmacy Board

Cheryl Way (CW) chair, Geraldine Mccaffrey (GM) vice chair, Richard Evans (RE), Gareth Hughes (GF), Rafia Jamil (RJ), Lowri Puw (LP), Dylan Jones. (DJ), Rhian Lloyd – Evans (RLE)

In attendance:

RPS Staff

Cath Ward (CW) Business Manager, Wales, Alwyn Fortune (AF) Policy and Engagement Lead Wales, Elen Jones (EJ) Director for Wales, Iwan Hughes (IH) Acting Head of External Relations Wales. Karen Baxter (KB), Managing Director RPS.

Apologies

Apologies were received from Helen Davies (HD) and Jodie Gwenter (JG)

1.13.30	Welcome and apologies	To welcome members and observers to the meeting There were no members in attendance
2.13.35	Declarations of Interest	To note the declarations of interest

		<p>The WPB noted that Cheryl Way and Gareth Hughes declarations needed to be updated for the next meeting.</p> <p>Action 1 – CW to make amendments ahead of the next NPB meeting</p>
3. 14.00	Minutes and matters arising	<p>To approve minutes from the open business of WPB meeting on 29 September 2022 and to discuss the matters arising from these minutes</p> <p>Typo on page 5 reads sage instead of stage</p> <p>The Welsh Pharmacy Board approved the minutes of the meeting on 29 September with the amends above.</p> <p>Approved by: Geraldine Mccaffrey Seconded by: Gareth Hughes</p> <p>Matters arising – Dates of 2023 NPB meetings</p> <p>CW is unable to attend as chair of the meeting. WPB asked if there was an opportunity and an appetite to change the date of the April meeting and make the meeting Welsh specific only. This is something that WPB have been calling for previously.</p> <p>It was suggested that if the date remained as 25th April for the NPB meeting, that GM could deputise as vice chair.</p> <p>WPB noted that care needs to be taken that we don't lose the opportunity to make joint decisions at NPB if this was the route taken. Options to be taken to the NBCF in February.</p> <p>Action 2 - CW to send a doodle poll to get availability for another date in April early May Doodle poll for April/May (in case this happens)</p> <p>Action 3 - EJ/CW to take these options to the NBCF in February.</p>

4. 14.10	Welsh Pharmacy Board Elections 2023	<p>To note the upcoming Welsh Pharmacy Board elections 2023</p> <p>WPB Noted that Richard Evans tenure on the WPB ends on 21st June 2023 and this position is therefore subject to open competition. The criteria have been amended to allow Locum from any sector, not just community pharmacy.</p> <p>WPB to look at advertising the importance and experience of being a board member – through videos or blogs.</p>
5. 14.25	RPS Business Plan 2023 – Welsh perspective discussion	<p>WPB to discuss the detail of the plans from a Wales perspective</p> <p>The highlights of the discussion were as follows:</p> <ul style="list-style-type: none"> - The board flagged the issue of reducing medicine related harm, and the need to find the root cause of those incidents. It was suggested that a workshop leadership session could be arranged to discuss these issues - EJ informed the board that Lloyd Hambridge was developing some work in this area, and she would pick this up with him - EJ informed the board that the RPS conference is scheduled for 10th Nov- discussions have been held with Education and Events team about threading a Medicine Safety theme through the conference. There is also scope to organise a PDaHW conference with a Medicine Safety theme - Support for the credentialling scheme run by RPS currently has eight mentors supporting pharmacists. The board are keen to see if RPS can support more mentors as they feel the more, we can support the better the mentors will become. - The board asked if there is an opportunity for RPS to fill some space with regards to developing scope of practice, with a view to compiling the evidence portfolio. Is there scope for RPS to develop this independently with an easy-to-use platform - noting that it is not just having platform it would be good to involve other healthcare professionals and produce some guidance on benchmarking. - An example in Scotland, teach, and treat site, which is developing scope of practice, is this something that could be implemented in Wales - The purpose of a clinical check by a pharmacist is to ensure that the medicine supplied is both safe and effective for use by a particular patient in relation to the risk and benefit to the patient.

		<p>The board expressed that there needs to be a clear consistent solution for 2nd clinical check in hospitals, the structure needs to be right. Policies need to be kept up to date to cater for the changing landscape.</p> <ul style="list-style-type: none"> - There is much change upcoming in the digital arena, and there is an opportunity to revamp, e.g., pharmacists printing bits of paper -sustainability etc. <p>WPB agreed for EJ to add more detail into the plans and feedback to board Action 4 – EJ add more details to the business plan from a Welsh perspective and share wit the board.</p>
	Hospital Review	<p>WPB to participate in a workshop on the clinical review of hospital services in Wales Inform boards where we are at to date. Colleagues for Primary and Secondary care – transfer and interface work better</p> <p>AF gave a brief update on the progress of the review to date.</p> <ul style="list-style-type: none"> • Good practice template – 85 responses to date • 4 workshops have been held and approximately 100 pharmacy colleagues have attended. • Independent Prescribing focus Groups held at multiple sites • FIP work on international practice has started • Chief pharmacist structure questionnaire shared and followed up structured interviews are being conducted • HEAG engagement has been held for encouraging wider examples of good practice • Meeting has been held with Early Careers Pharmacist Advisory Group for Prescribing Pharmacist focus • Think tank has been set up, to act as a check and balance group and the first meeting is to be held on 20th February <p>“Are colleagues aware of the review and any initial feedback from board”</p> <p>In the discussion the board commented that: -</p>

		<ul style="list-style-type: none"> - Prince Charles hospital visit was very well received, and the pharmacy technicians were happy that it was taking place - What will happen as a result – is the main question that is being asked and that colleagues hope that something positive will come out of this review - The board asked if the report would look at gaps that interface between primary and secondary - Recommendations will go to Welsh Government and the themes will be interconnected - In terms of possible barriers, it is felt that greater openness to the conversation in the more junior ranks than possibly the senior teams. There is an appetite for what the services might look like - Discussion around the role of community pharmacy in the DMR raised issues around duplication of work, which could be done in GP practices, could patients be signed up before going into hospital. Could the DMR pilot service be maximised which would result in the patient being seen in the right place. Should there be a better system referring patients to A&E, with a better communication for complex and expensive - Planned care admission based in secondary care was also discussed and the board recognised and understand the patient and the procedure – needs unpicking, also noting that the system can't notify a community pharmacist when patients are admitted to hospital - The board considered outpatient dispensing and understand the impact – what would good look like – Ideas suggested that specialist item should not go out to the community pharmacist, but other items could. It makes sense for the new medicines for patients to be prepared at hospital, and ongoing meds to be from their comm pharm, except specialist medicine. - The board agreed that in essence it make sense, but the system is complex. Need to be basic services standard approach across Wales – so only supply the new meds this will stop the delays discharging people going home. - The board are aware that pharmacy is in the middle of dispensing volume review with more work shifting out to community pharmacy which may be viewed negatively, with some community pharmacists having to claw back for services and they can potentially be out of pocket - The board are aware that outsourcing of outpatient dispensing. has historically been considered, with no success and that this should be considered as an option - The issue of dispensing prescriptions across borders, where e.g. in Wales they are free, but in England they are not - Hospital pharmacy don't know what comm pharm can do.... services that might be useful better comms between comm pharm, secondary and primary care
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		<p>Conclusions</p> <p>WPB board suggested that Digital technology should help the interface and transfer of care and that there is pressure on all settings shifting of care closer to home. The board discussed how could special care in secondary care, could be done in primary care or comm pharm</p> <p>There are some great examples where patients were seen in different settings - outreach in prison, homeless, Consultants coming to rural hospitals and the shifting of resources could the pharmacist go with the consultant – specialist for health community.</p>
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